

City of Live Oak

Free Toilet Application

(Live Oak water residential customers only)

Complete application and Mail to Toilet Program, City Of Live Oak, 8001 Shin Oak, Live Oak, Texas 78233.

Customer Information

Water Billing Account Number: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Number of bathrooms: _____

Fixture(s) Request

a) Number of toilets requested 1 2

b) Requested Handicap Toilets Yes No

If yes, number 1 2

If yes, applicant must provide documentation from medical doctor indicating resident at address requires a handicap toilet.

Household Information

a) Year house was built: _____

b) Number of people in household: _____

c) Do you own or rent your home? own rent

If renting, please call 653-9140 for more information.

I have read and understand the following:

- I understand that I can receive a maximum of two free toilets only if my house has two bathrooms. **I may not participate in the program, if my home was built after 1992 or I already have toilets that use 1.6 gallons per flush in the house.**
- I agree to a pre-inspection that may be done by a representative of the City of Live Oak before receiving the voucher.
- I understand that I may only receive two toilets total per household through any combination of conservation programs.
- I understand that if I am a renter, I am responsible for completing the Landlord Consent Form along with my application.
- I agree to schedule an inspection of my newly installed toilet(s) by a representative of the City of Live Oak within forty-five (45) days of receiving the voucher. Failure to do so will require payment to the City of Live Oak for amount of voucher(s).
- In accepting this new toilet, I acknowledge that the City Of Live Oak is in no way responsible for the condition of the plumbing on my side of the meter now or in the future.
- I understand that an incomplete application will result in a delay or rejection of the application.
- Bexar Appraisal District records will be used to verify number of bathrooms.

Signature: _____ Date: _____