SmartFlush Voucher Program Application
For your convenience, you can also apply online at www.savefortworthwater.org

*Toilets are distributed on a first come, first served basis, subject to available funds.*

Water Account Number: __________________________ Check One: □ Own  □ Rent
If renter, a Landlord Consent Form is required for processing

Name ________________________________________________________________

Address ____________________________________________________________________________ Zip __________

Home (      ) ___________ Day Phone (      ) ___________ Cell (      ) ___________

Email _______________________________________________________________________________________________

Mailing Address (If different) ________________________________________________________________________

**No. of Toilets Requested** (Maximum of 2)

Number of Toilets Requested: _____ Regular   ____ ADA (Requires doctor’s verification)

Number of: Bathrooms _____ Showers ______ Year home built _______

**Voucher Agreement** (Please read, sign and date):

• I understand I can receive up to two toilets, if my home has two existing toilets using at least 3 gallons per flush. (See “Does Your Toilet Qualify?”)

• I understand I am responsible for all associated costs to install the toilet within 30 days. After 30 days, I understand a visual on-site inspection may be conducted to verify installation. The City of Fort Worth recommends use of a qualified plumber.

• I acknowledge the City of Fort Worth is not responsible for the condition of the plumbing on my side of the meter now or in the future. (i.e. leaks, sewer problems, etc.)

• I understand that failure to comply with these conditions may require that toilets be returned (if not installed) or payment provided.

Applicant Signature _________________________________________________       Date _______________

**Forward completed application to SmartFlush Voucher Program via:**

• Email: waterconservation@fortworthgov.org;  Fax: 817.392.8735  or
• Mail: SmartFlush Voucher Program, 1130 Fournier Street, Fort Worth, TX  76102

**FOR OFFICE USE ONLY**

□ Active water account; □ If rent, Landlord Consent Form; □ If ADA, Dr.’s authorization

TAD Verification: □ Name match app; □ Year built _______; □ No. of bathrooms _____

Incomplete application returned: ___/___/___;   Received for Reprocessing: ___/___/___