# Region of Peel's Residential Toilet Replacement Program

## Toilet Installation List

Region of Peel
Working for you

Application No. _____
For office use only

Date Received (YYYY/MM/DD) _____ / ___ / ___
For office use only

## Building Information (please type/print)

| Building Address | City | Postal Code |
|---|---|---|
| | | |

Water Service Account No.

## Toilets Installed

| Location | | Toilet Description | | | Quantity |
|---|---|---|---|---|---|
| Floor No. | Unit No. | Manufacturer / Make | Model Name | Model No. | |
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| | | | | | |
| | | | | | |
| | | | | Total No. of Toilets Installed | |

Plumber / Contractor Name

Owner/Property Manager Name (please print)

Signature of the Plumber / Contractor
(Authorized Signing Officer of the Corporation, if applicable)

Signature of the Owner / Property Manager
(Authorized Signing Officer of the Corporation, if applicable)

_____ / ____ / ____
Date (YYYY/MM/DD)

_____ / ____ / ____
Date (YYYY/MM/DD)

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