



BOARD OF COUNTY COMMISSIONERS
WATER AND WASTEWATER SERVICES (WWS)
CUSTOMER PAYMENT CENTER
2555 WEST COPANS ROAD, BLDG. 1
POMPANO BEACH, FL 33069
(954) 831-3250 • water@broward.org

RESIDENTIAL APPLICATION FOR USEPA WATERSENSE® TOILET CREDIT

(1) APPLICANT INFORMATION

CUSTOMER NUMBER: _____

LAST NAME: _____ FIRST NAME: _____

COMPANY NAME (if applicable): _____

REPRESENTATIVE'S (REP) NAME (if applicable): _____

PHOTO ID: APPLICANT: _____ (_____) _____
TYPE STATE NUMBER

REP. (if applicable): _____ (_____) _____
TYPE STATE NUMBER

SERVICE ADDRESS: _____
STREET CITY STATE ZIP + 4

MAILING ADDRESS: _____
SAME AS ABOVE STREET CITY STATE ZIP + 4

PHONE: HOME: _____ WORK: _____ MOBILE: _____

E-MAIL ADDRESS: _____

(2) SUPPORTING DOCUMENTATION (Choose One)

1 TOILET

2 TOILETS

Vendor or Plumber Letterhead: Paid receipt for **purchase** of USEPA WaterSense®-certified 1.28 GPF toilet(s).

Vendor or Plumber Letterhead: Paid receipt for **installation** of USEPA WaterSense®-certified 1.28 GPF toilet(s).

MAKE: _____ MODEL: _____ NUMBER: _____

APPLICANT AGREEMENT: I AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE REGARDING THE PURCHASE, PERMITTING, AND INSTALLATION OF USEPA WATERSENSE®-CERTIFIED 1.28 GPF TOILET(S) FOR MY RESIDENTIAL PROPERTY. I AGREE TO COMPLY WITH ALL CURRENT AND FUTURE FEDERAL & STATE LAW, BROWARD COUNTY ORDINANCES AND REGULATIONS, AND BROWARD COUNTY WATER & WASTEWATER POLICIES AND PROCEDURES. I UNDERSTAND THAT ANY CREDIT OBTAINED FRAUDULENTLY WILL RESULT IN A REVERSAL OF ACCOUNT CREDIT.

X _____ DATE _____

FOR INTERNAL USE ONLY: APPROVE DISAPPROVE (REASON) _____

CUSTOMER NO.

UAZ

PREMISE NO.

CS REP

MANAGER