



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

MULTI-FAMILY ASSOCIATION APPLICATION FOR USEPA WATERSENSE® TOILET CREDIT

(1) APPLICANT INFORMATION

CUSTOMER NUMBER: _____

WWS ACCOUNT NAME: _____

REPRESENTATIVE'S (REP) NAME: _____

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

LIST ALL ADDRESSES AND UNITS ON PAGE 2.

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)

NUMBER OF TOILETS (Max. 50) _____

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:** _____

MAKE: _____ **MODEL:** _____ **NUMBER:** _____

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 THE REFERENCED MULITI-FAMILY AND/OR CONDO ASSOCIATION 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

MULTI-FAMILY ASSOCIATION APPLICATION FOR USEPA WATERSENSE® TOILET CREDIT

ADDITIONAL ADDRESSES AND UNITS

CUSTOMER NUMBER _____

	PROPERTY ADDRESS	UNIT # (If Applicable)	# OF TOILETS
1			
2			
3			
4			
5			
6			
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