



BOARD OF COUNTY COMMISSIONERS
WATER AND WASTEWATER SERVICES
Customer Service
 P.O. BOX 669300
 POMPANO BEACH FL 33066-9300
 (954) 831-3250 FAX (954) 831-0789

ATTACHED:
 ① PHOTO ID (S)
 ② SUPP DOCS
 By _____
 Date _____

APPLICATION FOR RESIDENTIAL CREDIT FOR USEPA WATERSENSE® TOILET

[COMPLETE ALL SECTIONS IN FULL, SIGN, DATE, AND SUBMIT]

CUSTOMER AFFIDAVIT

CUSTOMER NAME(S): _____

CUSTOMER ACCOUNT #: _____

PROPERTY ADDRESS: _____

STREET

PHONE: HOME: (____) _____ CITY STATE ZIP + 4 WORK: (____) _____ MOBILE: (____) _____

E-MAIL ADDRESS: _____

I, _____, attest, verify and confirm that United States Environmental Protection Agency (EPA) approved high efficiency WaterSense ® labeled toilet (s) has/have been purchased and installed (with an approved permit) at the referenced utility account residential premise.
 Date of purchase was: _____. Date of installation was: _____.

I, _____, being first duly sworn on oath according to law, deposes and says that [he / she] has read the foregoing Broward County Water and Wastewater Services Customer Affidavit, by [his / her] subscribed, that the matters stated herein are true to the best of [his / her] information, knowledge and belief.

X _____
APPLICANT SIGNATURE **DATE**

NOTARY

SUBSCRIBED AND SWORN to before me this _____, 20 ____.

By _____