

WWS Leak Repair Program

The Leak Repair Program is a water conservation program, created by Water and Wastewater Services (WWS) to help our customers repair leaks or correct problems associated with unusually high water volume.

The application process is very simple, and you will be told your level of rebate/financial assistance within a few weeks. All questions on the application form must be completed (Please print and submit BOTH pages of the application). The form, along with proof(s) of income, must be taken to one of WWS's two offices where it can be reviewed by a member of our staff.

WWS business offices are located at:

2555 West Copans Road
Pompano Beach
Hours: 8:00 a.m. – 5:00 p.m.

3701 North State Road 7
Lauderdale Lakes
Hours: 8:00 a.m. – 4:30 p.m.

You should be notified about the level of rebate/financial assistance within two weeks after you submit the application.

To be eligible for rebate/financial assistance, all plumbing work must be performed by a licensed and insured plumber, and all bills submitted must include the plumber's license number. You will receive a check in the mail for the allotted rebate.

If you have any questions, please speak with a Customer Service Representative in our WWS business offices, or call (954) 831-3250.



BOARD OF COUNTY COMMISSIONERS
WATER AND WASTEWATER SERVICES
 P.O. BOX 619002
 POMPANO BEACH FL 33061-9002
 (954)831-3250 FAX (954)831-0789

Leak Repair Program Application Form

WWS App. No. _____ WWS A/C No. _____ Date _____

Service Address _____

City: _____ Zip Code: _____ Phone No. (_____) _____

Property Owner's Name & Address: _____

Applicant's Name (if different): _____

Total No. of Legal Dependents in Household: _____

Total Combined Annual Household Income (see below): \$ _____

(Please include a tax return, W2 form, or check/pay stub- copies will be made of all documents.)

I understand that the completion of this application does not guarantee acceptance or approval, and no commitment is hereby made on the part of any party.

I hereby certify that I am the owner or occupant of the above listed property, and that all information furnished in support of this application is true and correct. Any intentionally false or fraudulent statements or supporting documents can institute cancellation of this application. Broward County or its designated agent is hereby authorized to verify any of the above information and may inspect the property prior to approval and following work completion. I understand that payment of funds is subject to the satisfactory completion of this approved work. I agree that the County will be held blameless for any liabilities that may occur.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C./ title 18 Sec. 1001, provides: "Whoever, in any manner within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies...or makes false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

Signed: _____ Date: _____

Community Development Division

Approved Amount: \$ _____

Approved By: _____ Date: _____

Water and Wastewater Services

Cycle #: _____ Location #: _____ UAZ: _____ EED #: _____

Received By: _____ Date: _____

Description of Work Done: _____

Date of Payment: _____ By: _____ Check #: _____