



CORAL SPRINGS IMPROVEMENT DISTRICT
 WATER AND WASTEWATER SERVICES
 CUSTOMER SERVICE
 10300 NW 11TH MANOR
 CORAL SPRINGS, FL 33071
 PHONE (954)-753-0380 FAX (954) 753-8784

APPLICATION FOR RESIDENTIAL CREDIT FOR USEPA WATERSENSE® TOILET

SECTION 1 - APPLICATION TO RESERVE YOUR REBATE

FILL OUT SECTION 1 AND RETURN TO CORAL SPRINGS IMPROVEMENT DISTRICT

DO NOT MAKE YOUR PURCHASE UNTIL SECTION 1 HAS BEEN APPROVED AND THE APPROVED APPLICATION HAS BEEN RETURNED TO YOU

CUSTOMER ACCOUNT NUMBER _____ HOUSE OTHER
 TYPE OF RESIDENCE (CHECK ONE)

NUMBER OF TOILETS YOU WILL BE REPLACING (CHECK ONE) 1 TOILET 2 TOILETS

ACCOUNT NAME(S) _____

IN CARE OF (C/O NAME) _____

PROPERTY ADDRESS _____ CITY _____ STATE _____ ZIP +4 _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP +4 _____

() _____ () _____ () _____
 HOME PHONE NUMBER WORK PHONE NUMBER MOBILE PHONE NUMBER

EMAIL ADDRESS _____

DRIVERS LISCENSE NUMBER (OR PHOTO ID) _____ STATE ISSUED _____

APPLICANT AGREEMENT: I AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE REGARDING THE PURCHASE AND INSTALLATION OF USEPA WATERSENSE® CERTIFIED TOILET(S) FORM MY RSIDENTIAL PROPERTY. I AGREE TO COMPLY WITH ALL CURRENT AND FUTURE FEDERAL & STATE LAW, BROWARD COUNTY ORDINANCES AND REGULATION AND CORAL SPRINGS IMPROVEMENT DISTRICT WATER AND WASTEWATER POLICIES AND PROCEEDURES. I UNDERTSTAND THAT ANY CREDIT OBTAINED FRAUDULENTLY WILL RESULT IN A REVERSAL OF ACCOUNT CREDIT

APPLICANT SIGNATURE _____ DATE _____

**STOP - RETURN THE APPLICATION TO CORAL SPRINGS IMPROVEMENT DISTRICT FOR APPROVAL
 YOUR APPROVED APPLICATION WILL BE RETURNED TO YOU. DO NOT MAKE YOUR PURCHASE UNTIL YOU RECEIVE THE APPROVED APPLICATION**

SECTION 2 - APPLICATION APPROVAL (INTERNAL USE ONLY)

APPROVE DECLINED RESERVATION NUMBER _____ SIGNATURE OF APPROVER _____ DATE _____

SECTION 3 - SUBMIT SUPPORTING DOCUMENTATION

COMPLETE SECTION 3 AND RETRUN TO COARL SPRINGS IMPROVEMENT DISTRICT *AFTER* TOILET INSTALLATION

MAKE _____ MODEL _____ MODEL NUMBER _____

PLEASE RETURN THE FOLLOWING DOCUMENTATION, FOR EACH TOILET INSTALLED, TO THE CORAL SPRINGS IMPROVEMENT DISTRICT TO RECEIVE YOUR REBATE. REBATES WILL APPEAR AS A CREDIT ON YOUR BILL IN THE NEXT BILLING CYCLE AFTER THE DOCUMENTATION IS RECEIVED. FAILURE TO RETURN ANY OF THE ITEMS LISTED WILL RESULT IN A DELAY IN YOUR REBATE BEING ISSUED OR DECLINED.

- COPY OF DRIVERS LISCENSE OR PHOTO ID
- FINISHED AND APPROVED APPLICATION
- COPY OF RECEIPT OF PURCHASE
- UPC OR BAR CODE FROM PRODUCT
- WATER SENSE® LABEL FROM PACKAGING
- NOTORIZED AFFIDAVIT* (FOR SELF INSTALLATION) OR INSTALLATION RECEIPT
- PHOTO(S) OF INSTALLED TOILET(S)

* THE AFFIDAVIT FOR SELF INSTALLATION CAN BE FOUND ON OUR WEB SITE WWW.CSIDFL.ORG. CLICK ON THE "TOILET REBATE" LINK ON THE HOME PAGE