



Coral Springs Improvement District
WATER AND WASTEWATER SERVICES
Customer Service
 10300 NW 11th Manor
 Coral Springs, FL 33071
 (954) 954-753-0380 FAX (954) 753-8784

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

CUSTOMER AFFIDAVIT

CUSTOMER NAME(S): _____

CUSTOMER ACCOUNT #: _____

PROPERTY ADDRESS: _____

STREET

CITY STATE ZIP + 4

PHONE: HOME: (_____) _____ WORK: (_____) _____ MOBILE: (_____) _____

E-MAIL ADDRESS: _____

I, _____, attest, verify and confirm that a 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 Coral Springs Improvement District Water and Wastewater Services Customer Affidavit, by [his / her] subscribed, that the matters stated herein are true to the best of [his / her] information,

X _____
APPLICANT SIGNATURE **DATE**

NOTARY

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

By _____