



CORAL SPRINGS IMPROVEMENT DISTRICT
 Drainage Department
 10300 N.W 11th Manor
 Coral Springs, FL 33071
 PHONE (954)-796-6669 FAX (954) 757-4850

APPLICATION FOR PAVER DRIVEWAY REBATE

 CUSTOMER ACCOUNT NUMBER

 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

SUPPORTING DOCUMENTATION

PLEASE RETURN THE FOLLOWING DOCUMENTATION TO THE CORAL SPRINGS IMPROVEMENT DISTRICT TO RECEIVE YOUR REBATE. REBATES WILL BE MAILED OUT ONCE THE PROJECT PERMIT HAS BEEN CLOSED OUT & PHYSICAL VERIFICATION HAS BEEN DETERMINED BY CSID. FAILURE TO RETURN ANY OF THE ITEMS LISTED WILL RESULT IN A DELAY IN YOUR REBATE BEING ISSUED OR DECLINED.

- BEFORE & AFTER PHOTOS OF THE DRIVEWAY
- PERMIT NUMBER ISSUED BY THE CITY OF CORAL SPRINGS
- GOVERNMENT ISSUED PHOTO ID
- RECEIPT OR INVOICE FROM HIRED CONTRACTOR W/PROPERTY ADDRESS

APPLICANT AGREEMENT: I AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE REGARDING THE PURCHASE AND INSTALLATION OF A PAVER DRIVEWAY AT MY RESIDENTIAL PROPERTY WITHIN THE CORAL SPRINGS IMPROVEMENT DISTRICT'S SERVICE AREA.

 APPLICANT SIGNATURE DATE

RETURN DOCUMENTATION PACKAGE TO CORAL SPRINGS IMPROVEMENT DISTRICT AT THE ADDRESS ABOVE
 OR EMAIL TO BILLING@CSIDFL.ORG

APPLICATION APPROVAL (INTERNAL USE ONLY)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APPROVE	DECLINED	RESERVATION NUMBER	SIGNATURE OF APPROVER
			DATE