



North Spring Improvement District

H E T Rebate Program

APPLICATION FOR RESIDENTIAL CREDIT FOR USEPA WATERSENSE® TOILET

(Please complete this entire section. Incomplete forms will not be processed.)

Please Return Form to: North Spring Improvement District, Utilities Administration
By mail: 9700 N.W. 52 Street, Coral Spring FL 33076
(954)752-0400 FAX (954)755-7237

TYPE OF RESIDENCE: House _____ Apartment _____ Condo _____ Other _____

(1) CURRENT ACCOUNT INFORMATION

Customer Account # _____

Account Name (s): _____

Address: _____
Street City State Zip

PHOTO ID: ACCT NAME: _____ () _____
Type State Number

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

E-MAIL ADDRESS: _____

(2) SUPPORTING DOCUMENTATION

1 TOILET / 2 TOILETS

(Please Print)

(Circle one)

- Vendor or Plumber Letterhead: Paid receipt for purchase of USEPA WaterSense®-certified toilet(s).
- Vendor or Plumber Letterhead: Paid receipt for installation of USEPA WaterSense®-certified toilet(s).
- Affidavit: Installation of USEPA WaterSense®-certified toilet(s) by _____

Make, Model and Model Number: _____

APPLICANT AGREEMENT: I AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE REGARDING THE PURCHASE, PERMITTING, AND INSTALLATION OF USEPA WATERSENSE®-CERTIFIED TOILET(S) FOR MY RESIDENTIAL PROPERTY. I AGREE TO COMPLY WITH ALL CURRENT AND FUTURE FEDERAL & STATE LAW, BROWARD COUNTY ORDINANCES AND REGULATIONS, AND NORTH SPRINGS IMPROVEMENT DISTRICT WATER & WASTEWATER POLICIES AND PROCEDURES CREDIT. FRAUDULENTLY WILL RESULT IN A REVERSAL OF ACCOUNT

X

APPLICANT SIGNATURE

DATE

INTERNAL USE ONLY

Application Approved by:	_____	
This Application is valid until:	_____ (60 days from date approved)	