

STATUS LETTER FOR (Name of Homeowners Association and letterhead)

Date: _____

To: City of Oakland Park's Ultra Low Flow Toilet Rebate Program
Email: oprebateprogram@oaklandparkfl.gov / Fax: (954) 630-4404

Name of resident/applicant: _____

Street Address: _____ Unit/Apt #: _____

City: _____ State: _____ Zip Code: _____

This letter certifies that the HOA account for the property address mentioned above is current as of _____.
The last payment amount of \$_____ was received on _____.

HOA Dues include the following (circle all that apply): WATER SEWER STORM TRASH REMOVAL

Property Manager or HOA Representative's Name (PRINT)

Property Manager or HOA Representative's Signature

Property Manager or HOA Representative's Phone or E-mail Address

State of: _____

County of: _____

SWORN to (or affirmed) and subscribed before me this _____ of _____, 20____,
by _____, who is personally known to me or produced
_____ as identification.

(Seal)

Name of Notary