



CUSTOMER AFFIDAVIT

Ultra-Low Flow Toilet Rebate Program

City of Oakland Park

3801 NE 5th Avenue

Oakland Park, FL 33334

PHONE (954) 630-4414 FAX (954) 630-4404

EMAIL: oprebateprogram@oaklandparkfl.gov

CUSTOMER AFFIDAVIT FOR RESIDENTIAL CREDIT FOR USEPA WATERSENSE® TOILET

CUSTOMER NAME: _____

UTILITY ACCOUNT #: _____ OR NAME OF HOA: _____

PROPERTY ADDRESS : _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____ EMAIL: _____@_____

PROPERTY OWNER: _____ TENANT: _____

I, _____, attest, verify and confirm that a **1.28 GPF** United States Environmental Protection Agency (EPA) approved high efficiency WaterSense® labeled toilet (s) has/have been purchased and installed at the referenced utility account residential premise.

Date of purchase: _____ Date of installation: _____

Applicant Signature

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