



City of Oakland Park

Ultra-Low Flow Toilet Rebate Application

NAME (Please print): _____ UTILITY ACCOUNT NUMBER: _____

PHONE: _____ EMAIL: _____ @ _____

PROPERTY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

RESIDENT TYPE: _____ Single Family _____ Apartment _____ Mobile Home _____ Condo _____ Commercial

MAILING ADDRESS (If different from above): _____

CITY: _____ STATE: _____ ZIP: _____

How did you hear about this program? _____

Along with this application, you must include completed Customer Affidavit, current Oakland Park utility bill, Driver's License, and detailed receipt reflecting the date of purchase and a description of item, as proof.

Applicant Agreement:

By signing this form, I certify that I will purchase a Water Sense® certified ultra-low-flow toilet (**1.28 gallons/per flush or lower**) and have it installed for residential or commercial use at the address indicated above within the City of Oakland Park. I have enclosed the required copy of my driver's license or State ID for verification purposes supplemented by a current utility bill. Limited to two (2) per property.

Signature: _____ Date: _____

To be completed by City of Oakland Park Staff:		
Rebate Application #: _____	Received By : _____	
Applicant Notified by: <input type="checkbox"/> MAIL <input type="checkbox"/> E-MAIL <input type="checkbox"/> PHONE	Customer Affidavit Received: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Proof of Installation Receipt Received: <input type="checkbox"/> YES <input type="checkbox"/> NO	Number of Units: _____	
Installation Rebate Amount: _____		
Additional Information: _____		
Director Approval: _____	_____	_____
(PRINT)	(SIGN)	(DATE)