



Polk Regional Water Cooperative

PRWCwater.org



Indoor Water Conservation Programs: Water Conservation Kit

Contact:

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Phone: (863) 965-5500

(*Required information*)

Items in Conservation Kit:

- (1) Showerhead
- (1) Kitchen faucet aerator
- (2) Bathroom faucet aerators
- (2) Toilet leak detection dye tablet packets

Account Information: Please print clearly

Utility _____
Utility Billing Account Number _____

Applicant Information: Please print clearly

Last Name _____ First _____ M.I. _____
Street Address _____ Apartment # _____ City _____
State _____ Zip _____ Phone _____ E-Mail _____
Mailing Address (if different from above) _____

Building Information: Please select

Single Family: HOA? Yes / No Commercial
 Multi-Family/Apt (# of Units _____) Other(Explain): _____

Property Information:

Owner Tenant
When was the property constructed? _____ (Please verify using polkpa.org or leave this section blank)
How many bathrooms are on your property? _____

Agreement of Term and Conditions

The utility may deny any application that does not meet program requirements. The undersigned further agrees to hold harmless the utility against all loss, damage, expense, and liability resulting from the loss, destruction of damage to property arising out of or in any way connected with the installation of the Water Conservation Kit. The utility reserves the right to alter this program at any time. Funding for the rebate program is limited to available resources. For further questions, please call (863) 965-5500.

I have read, understand, and agree to the terms and conditions of this program.

*Signature of Applicant _____ Date _____

Complete, sign, and date this page.

For Official Use Only

Reservation # _____
Date of giveaway _____
Total cost \$ _____ Utility cost \$ _____ District cost \$ _____
ACCOUNTING: Date to Accounting _____ Check No. _____ Payment Date _____
Location code: _____