City of Auburndale
Water Conservation Program
Indoor Water Conservation Programs:
Water Conservation Kit

Contact: Jennifer West
City of Auburndale Public Utilities
P.O. Box 186
Auburndale, FL 33823

Email: jwest@auburndalefl.com
Phone: (863) 965-5533

(*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
___Multi-Family/Apt (# of Units_____)
___Commercial
_____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) 965-5533.

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

Date of giveaway_____
Location code: _____