

# City of Parkland

6600 University Drive, Parkland, FL 33067  
(954) 753-5040 Fax (954) 341-5161

## ENERGY INCENTIVE REWARD PROGRAM 2008



### **PROGRAM #4: ULTRA LOW FLOW TOILETS and SHOWER HEADS**

(Please Print)

<b>Resident/Business Information</b>
--------------------------------------

Location of Energy Improvements: \_\_\_\_\_ Residence \_\_\_\_\_ Business

**If Residence Owner (Parkland property owner only, no renters can apply).**

Name of Owner: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Subdivision or Development: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**If Business Owner (Parkland business and business property owners can apply).**

Name of Owner: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different) \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Please allow 6-8 weeks after October 1, 2008 City Commission Budget Approval for reward payment. Upon exhaustion of funding the program will be suspended and no incentives paid. INITIAL \_\_\_\_\_**

**City Use Only**

Application Received: Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Application: Approved \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Attachments: Approved \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Proof of Purchase: Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Inspection (if required): Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Reward Amount: Approved \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

**Program Details and Requirements**

1. Completed applications will be accepted for processing from February 1<sup>st</sup> to April 30<sup>th</sup> of each year.
2. Only one approved application per program per owner or business for the lifetime of the program will be accepted.
3. No person or entity will be eligible for an energy incentive or incentive payment unless he/she has fully completed the application requirements as approved by the City Manager.
4. For an applicant to be considered for payment, the purchase must be made after January 16, 2008 and must be made during the fiscal year of the program cycle. Only completed applications received by 5:00 pm April 30<sup>th</sup> of each year shall be considered for qualification of payment during the following fiscal year.. The fiscal year is from October 1<sup>st</sup> to September 31<sup>st</sup>.
5. An individual, residence or business may not receive the same incentive twice.
6. Required inspections will be scheduled no later than four weeks from the application submittal and required to take place during the hours of 8:00 am – 5:00 pm, Monday – Friday excluding City holidays.

**Program Criteria ULTRA LOW FLOW TOILETS and SHOWER HEADS**

7. Applicant must own a residence or a business in the City of Parkland.
8. The applicant is required to provide proof of purchase of one Ultra Low Flow low-volume flush toilets using 1.6 gallons or less per flush and one shower head using 1.5 gallons per minute or less.
9. The applicant will be required to provide proof of purchase with the application submittal.
10. Upon approval of the application the Parkland residence or business owner can schedule an inspection to be held during a specific time, Monday – Friday excluding City holidays, as determined by the City. Call 954-753-5040 to schedule an inspection.
11. Upon complete approval of the application process by City Staff one \$150 incentive reward per program per owner or business, for the lifetime of the program, will be funded.

**BRIEF DESCRIPTION OF THE ENERGY PROGRAM BEING APPLIED FOR:**

---

---

---

**Attachments Required**

**(Please submit the following attachments with this application)**

- \_\_\_ Proof of Purchase (copy).
- \_\_\_ State Registration Certificate (if business).
- \_\_\_ Broward County Occupational License (if business).

The City reserves the right to reject any application, to limit payments made pursuant to this program, or TO suspend NY payments when determined to be in the best interest of the City. The limitations set forth in the application shall be binding.

I UNDERSTAND THAT BY SIGNING THIS APPLICATION, THAT IF ANY OF THE ABOVE IS NOT TRUE AND CORRECT, THIS APPLICATION MAY BE REJECTED BY THE CITY OF PARKLAND AND NO INCENTIVE REWARD WILL BE PAID BY THE CITY OF PARKLAND.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date