SmartFlush Commercial Program Application

For your convenience, you can also apply online at www.savefortworthwater.org

	Fort Worth Water	Account N	ımber:	
	(NOTE: An application	ation is req	uired for each phy	rsical address)
Business Name				
Business Address				
City	_ Zip	_ Estimat	ed Year Property F	Built
Contact Name	Title			
Phone ()	Alternate ()	Fax ()
Email				
List the number of to	ilets by type: Rou	ınd	Elongated	ADA
If your facility has industries are high-flow. (Water ef				ators, please list all that
Standard Flush Valves	ADA mod	lels	Showerheads	Aerators
Would you be willing to □ Yes □ No	share your water sav	ring statistio	es with us for futu	re program promotion?
Agreement/Declarat	ion			
• I have read and agree	e to comply with all s	specified te	rms of this program	m.
• I understand that I h	nave 60 days to install	1 the new to	oilets and dispose	of the old toilets.
• I understand that fai	lure to comply may r	equire that	toilets be returned	d or payment provided.
Signature	Date			

Please forward completed application, ATTN: SmartFlush Commercial Program via:

- Email: waterconservation@fortworthgov.org
- Fax: 817.392.8735
- Mail: SmartFlush Commercial Program, 1130 Fournier Street, Fort Worth, TX 76102
- Questions? Call us at 817.392.8740 or visit us online at www.savefortworthwater.org