

Water Conservation Kit Program Form



Water Conservation Kit includes:

- 2 showerheads with an adjustable spray
- 2 Bathroom sink aerators
- 1 Shower timer
- 1 Toilet Tank Bank
- 1 Dual spray aerator for the kitchen sink
- Toilet Leak Detection Tablets

- ⇒ Install a water-efficient showerhead **saves** **1.2 gal** per min or **10 gal** per average 10 min shower
- ⇒ Take 5 min showers instead of 10 min showers **saves** ... **12.5 gal** with a water efficient showerhead
- ⇒ Install aerators on bathroom faucets **saves** **1.2 gal** per person/day
- ⇒ Fix Leaky Toilets **saves**..... **30-50 gal** per day/toilet

APPLICANT INFORMATION	FOR OFFICE USE ONLY
Please complete ALL of the following information and return this form to the District office along with a copy of your water bill.	Date _____
Customer's Name: _____	Employee _____
Account #: _____ Phone #: _____	Customer Received Kit <input type="checkbox"/>
Service Address: _____	Residential <input type="checkbox"/>
City, State, Zip Code: _____	Multi-Family <input type="checkbox"/>
E-mail: _____	Year House was built: _____
No. of People in this Residence: _____ No. of Showerheads per Household: _____	No. of Showerheads Replaced: _____
Average No. of Showers Taken per Day, per House: _____ Average Length of Shower in Minutes: _____	Notes:
How did you hear about the Water Conservation Kit? : _____	

DISCLAIMER:

I understand that the Water Conservation Kit distribution is subject to availability. I further understand that any showerhead issued is subject to an on-site installation verification and evaluation. I also understand that showerheads are subject to periodic maintenance due to sediments and normal daily wear on washers. The District is not responsible for potential damages caused by the installation of this device and does not guarantee customer satisfaction. Devices found to be defective must be exchanged within 30 days of receipt. Returns for any other reason besides a defective product will not be accepted. In the event that a device is found to be defective, the District will replace the device; no credit will be provided.

I certify that the information contained in this application is true and correct. I have read, understand and agree to the Water Conservation Kit Program terms.

Authorized Signature / Title (if applicant is a business)

Date

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