



USE WATER EFFICIENT SHOWERHEADS

Saves **2 gal** per min or 10 gal per average 5 min shower.



FIX LEAKY TOILETS

Saves **30-50 gal** per day/toilet.



INSTALL AERATORS

Saves **1.2 gal** per person/day.



TAKE 5 MIN SHOWERS

Saves **15 gal** vs. a 15 Minute shower.

WATER CONSERVATION KIT INCLUDES:

- 2 showerheads with an adjustable spray
- 1 five-minute shower timer
- 1 dual spray aerator for the kitchen sink
- 2 bathroom sink aerators
- 1 toilet tank bank
- Toilet leak detection tablets

APPLICANT INFORMATION

Please return completed form in person to pick up your kit. Do not mail form.

APPLICANT NAME: _____

ACCOUNT #: _____

PHONE #: _____

SERVICE ADDRESS: _____

CITY, STATE, ZIP CODE: _____

EMAIL: _____

NO. OF PEOPLE IN THE RESIDENCE: _____

NO. OF SHOWERHEADS PER HOUSEHOLD _____

AVERAGE NO. OF SHOWERS TAKEN DAILY: _____

AVERAGE LENGTH OF SHOWER IN MINUTES _____

HOW DID YOU HEAR ABOUT THE WATER CONSERVATION KIT? _____

FOR OFFICE USE ONLY

Date _____

Inspector _____

- Customer Received Kit
 Residential
 Multi-Family

Year House was built _____

No. of Showerheads Replaced _____

Notes:

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. West Valley Water 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: _____