



City of Grover Beach

DEPARTMENT OF PUBLIC WORKS

WATER CONSERVATION RETROFIT REBATE PROGRAM APPLICATION

Date: _____ Year Structure Built: _____ Utility Account #: _____

Installation Address: _____

Structure Type: Single Family Duplex Triplex Townhome/Condominium
 Apartment # of units: _____ Mixed Use Industrial Commercial

Type of Fixture(s) Replaced: *The City will reimburse up to \$100 for labor and up to \$100 for each fixture installed. Any additional charges will be the responsibility of the property owner.*

Toilet(s), gpf: _____ Showerhead(s), gpm: _____
 Aerator(s) Waterless Urinal

Below, please specify the quantity in each unit, if there are multiple units. For example: Unit A = 1, Unit B = 2.

of Bathrooms in the Structure(s): _____ # of Toilets Replaced: _____

of Showerheads Replaced: _____ # of Aerators Installed: _____

Do you own the property? Yes No

The property owner / agent must complete and sign below.

Owner/Agent: _____ Phone Number: _____
Address: _____ City: _____ State: _____ Zip: _____
I, hereby, consent to allow retrofit of the fixture(s) at the installation address listed above:
Property Owner / Agent Signature: _____ Date: _____

The follow is for City Use Only:

Date Application Received: _____ Reimbursement Request Approved: Yes No

Plumber Used: _____ Date: _____

Plumber License #: _____ Plumber BTC #: _____

Accounts Payable Reimbursement Information:

DATE	VENDOR	RECIPT #	AMOUNT PAID
TOTAL REIMBURSED:			

Installation Verification Form Received

By: _____ Date: _____

Public Works Department Representative