



FREE Water Conservation Fixture Request Form



Request # WCF14 - _____

1. Requester Information

Name: _____ Date: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Property address where retrofits will take place: _____
(If different than mailing address)

Telephone: _____

City of Patterson Account Number (acct address must match where retrofits will take place): _____

2. Fixture Information

Number of Living Units/Apartments: _____

Number of fixtures being requested? _____ Faucet Aerators _____ Showerhead _____ Kitchen Aerators

Number of toilet(s) in buildings: _____ Have toilet(s) been retrofitted to 1.6 (gpf) or less: _____

3. Your Signature

I have read Terms and Conditions for this Program. I also certify that the above information is true and accurate to the best of my knowledge. I will install the fixtures provided in a timely manner. I give the City of Patterson permission to verify fixtures have been installed.

Requester's signature: _____ Date: _____

Note: If the applicant is not the owner of the building, the owner must co-sign the rebate application.

Property owner signature: _____

Pick up your request at:

City of Patterson
Department of Public Works
2nd Floor
1 Plaza
Patterson, CA 95363

OFFICE USE ONLY

Request: Approved Denied Year Building Built: _____

Approved by: _____ Date: _____

_____ # of Dye Tablet Packets

_____ # of Showerheads _____ GPM of old fixture _____ 1.5 _____ GPM of new fixture

_____ # of Faucets Aerators _____ GPM of old fixture _____ 1 _____ GPM of new fixture

_____ # of Kitchen Aerators _____ GPM of old fixture _____ 1.5 _____ GPM of new Fixture

Date Post-Inspection: _____ Inspected by: _____

Comments: _____