El Dorado Irrigation District

"Striving for water efficiency every day"

Plumbing Retrofit Program Agreement Form

Name: _____ **Date:** _____

Physical address: _____

Mailing address: _____

Eligibility: Must be an EID or City of Placerville Customer and dwelling must have been built prior to 1992.

☐ I am an EID customer Account number: _____

--**OR**--

☐ I am a City of Placerville customer Account number: _____

Type of services received: ☐ Water only ☐ Sewer only ☐ Water and Sewer

Dwelling type:

☐ House ☐ Apartment ☐ Granny Flat

☐ Condominium ☐ Townhouse ☐ Mobile Home

☐ Commercial ☐ Industrial ☐ Institutional

Total Number of: ___ Toilets ___ Faucets ___ Showers

My dwelling was built sometime between:

n/a - 1992 or later ☐ 1980 – 1991 ☐ 1970 – 1980

☐ 1960 – 1970 ☐ 1950 – 1960 ☐ 1950 or earlier

Please note how many of each item will be installed.

_____ Shower heads _____ Faucet aerators _____ Toilet dye tabs

_____ Toilet dams/tank bags _____ Toilet flappers _____ Kitchen flip aerators

I agree to install the above-referenced plumbing retrofit equipment at the address noted above.

_____

Customer Signature

FOR EID USE:
Date product provided to customer _____

Thank you for helping to conserve water.