



Plumbing Fixture Retrofits Program Agreement

Name: _____ **Date:** _____

Physical address: _____

Mailing address: _____

Eligibility: Must be an EID or City of Placerville customer and the building 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

Building type:

___ House	___ Apartment	___ Granny Flat
___ Condominium	___ Townhouse	___ Mobile Home
___ Commercial	___ Industrial	___ Institutional

Total number of: ___ Toilets ___ Faucets ___ Showers

My building was built between:

___ <u>Not eligible</u> -1992 or later	___ 1980 – 1991	___ 1970 – 1980
___ 1960 – 1970	___ 1950 – 1960	___ 1950 or earlier

Please note how many of each item will be installed or used.

_____ Shower heads	_____ Bathroom faucet aerators	_____ Toilet leak dye tabs
_____ Toilet flappers	_____ Toilet tank dams or bags	

I agree to install the above-referenced plumbing retrofit equipment (or use the dye tabs) at the address noted above.

	FOR EID USE:
Customer Signature	Date product provided to customer _____

Thank you for striving to be water efficient every day.