



# 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 and \$25 (max.) for Showerhead. 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
<b>TOTAL REIMBURSED:</b>			

Installation Verification Form Received       Before and After Installation Pictures Received

By: \_\_\_\_\_ Date: \_\_\_\_\_

Public Works Department Representative



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### INSTALLATION VERIFICATION WATER CONSERVATION RETROFIT REBATE PROGRAM

I, \_\_\_\_\_, certify that I have removed and installed said fixture(s) at the  
Licensed Plumber's Name  
subject property. Attached is the original work order and/or invoice.

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

State License #: \_\_\_\_\_ City of Grover Beach BTC #: \_\_\_\_\_

Signature of Plumber: \_\_\_\_\_ Date \_\_\_\_\_

Installation Verified by:

Signature of Property Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Installation Address: \_\_\_\_\_