



# Water Savings Performance Program

## Application/Statement of Interest



### Customer Information (Please Print Clearly)

Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_  
(as it appears on water bill)

Water Provider \_\_\_\_\_ Account # \_\_\_\_\_ Recycled Water User  Yes  No  
(check with water provider to determine if within Metropolitan service area)

Installation Address \_\_\_\_\_ City \_\_\_\_\_, CA Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Telephone No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_, CA Zip Code \_\_\_\_\_  
(if different than installation address)

Where did you learn about this program? \_\_\_\_\_

### Briefly describe the water savings project:

Check project type:  Landscape Audit  Irrigation Improvements

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Estimate Cost and Water Savings for Irrigation Improvements

Do you have a dedicated landscape meter?  Yes  No Current Annual Landscape Water Use \_\_\_\_\_ gallons  
(1 HCF = 748 gallons)

Estimated Project Improvement Cost? \$ \_\_\_\_\_ Estimated Annual Landscape Water Savings \_\_\_\_\_ gallons

Estimated Project Life? \_\_\_\_\_ years Project Acreage/Square footage \_\_\_\_\_

Please contact me with more information about the program.

Print name and title \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Property Owner's Authorization to Proceed

Signature of property owner or property representative must be secured in order to proceed with project review.

Print name and title \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Need assistance? Call (213) 217-6167**

*Please mail or fax completed form to: Metropolitan Water District of Southern California  
 Attn: Ms. Diane Harrelson – US9-325  
 P.O. Box 54153 – Los Angeles, California 90054-0153  
 (213) 217-6167 phone – (213) 576-5232 fax*