



CK # _____

Free Water Conservation Kit

Items in Water Conservation Kit:

- 1 Showerhead
- 1 Kitchen faucet aerator
- 2 Bathroom faucet aerators
- 2 Toilet leak detection dye tablet packets

Applicant Information:

Utility _____
Last Name _____ First _____ M.I. _____
Street Address _____ Unit # _____
City _____, FL Zip _____ Relationship to property _____
U.S. Phone _____ Email _____
Mailing Address (if different from above) _____

Agreement of Terms and Conditions

The undersigned agrees to hold harmless the Utility and/or Polk Regional Water Cooperative against all loss, damage, expense, and liability resulting from the loss, destruction or damage to property arising out of or in any way connected with the installation of the Water Conservation Kit. The Utility reserves the right to alter this program at any time. Program funding is limited to available resources. For further questions, please call your Utility.

I have read, understand, and agree to the terms and conditions of this program.

Signature of Applicant _____ Date _____

Complete, sign and date this page. Incomplete applications will be denied and returned.

For more information or questions regarding the conservation program please contact Nancy Hernandez at 863-678-4182 ext 289 or email nhernandez@lakewalesfl.gov. This form can be found on the City's website www.lakewalesfl.gov and can be filled out electronically and emailed by clicking the red email link above.