Print Form

THE METROPOLITAN WATER DISTRICT OF SOUTHERN CALIFORNIA

Water Savings Incentive Program
CUSTOMER APPLICATION

Water Customer Information *(please print)*			
Water Customer Name:	Contact Person:		
Daytime Phone Number:	Email:		
Mailing Address:	City:	State:	Zip:
Customer Type: ☐ Commercial ☐ Industrial ☐ Agriculture ☐ Large Landscape			
Project Information			
Project Name/Site Location:			
Street Address:	City:	State:	Zip:
Water Agency:	Water Service Account Number(s) *(include copy of recent bill)*:		
Project Type: ☐ Commercial/ Industrial Equipment Installation ☐ Industrial Process Improvements ☐ Irrigation System Improvements ☐ Plant Material Changes ☐ Water Management Services ☐ Water Management Services w/Equipment, Materials			
Brief Project Description:			

Supporting Documentation

The following documentation is attached to support this application in accordance with the Program Rules, Terms and Conditions: *(see "Application Process" for requirements by project type)*

- ☐ Copy of recent water bill
- ☐ Completed W-9 Form (Request for Taxpayer Identification Number and Certification)
- ☐ Project water meter information
- ☐ Audit, engineering report, or vendor proposal with equipment specifications, equipment life, landscape design (if applicable), estimated costs, water use history, and water savings calculations, and for process improvements, water use per unit of output for baseline and with project
- ☐ Draft or executed contract for water management services
- ☐ Equipment and material requirements for water management services with equipment life, estimated costs

Provide title and date of documents:

Consultant Information

I authorize the following professional(s) to provide Metropolitan with additional information regarding my project:

Contact Name	Title	E-mail	Phone No.
Contact Name	Title	E-mail	Phone No.

Signature (required)

By signing below, I hereby acknowledge that I have read, understand and agree to the Program Rules, Terms and Conditions (V1-092012). I understand that in order to qualify for this incentive opportunity, I must provide supporting documentation as described in the Program Rules, Terms and Conditions. I will cooperate with Metropolitan's review of this application and any inspections, as requested.

I certify that the information on the application and supporting documentation is true and correct.

Authorized Representative Name and title (print):	Signature:	Date:

Submit completed application with supporting documentation to:

Water Savings Incentive Program

Attn: Carolyn Schaffer

Metropolitan Water District of Southern California

PO Box 54153, Los Angeles, CA 90054-0153

Phone: (213) 217-6244 cschaffer@mwdh2o.com