



Showerhead & Aerator Program For City of Lompoc Water Customers

(Please Print)

Name (First & Last): _____

Type: Residential Commercial/Business Account Number: _____

Address where showerhead and/or aerator will be installed:

Quantity of Showerheads Requested: _____
(max. 2 per utility account)

Quantity of Aerators Requested: _____
(max. 2 per utility account)

I hereby certify that:

1. I am a City of Lompoc Utility Customer and pay for water utility services,
2. I will install the showerheads and aerators at the address listed above, and
3. I hold the City of Lompoc harmless for any defects of these manufactured products and/or issues caused by the use of new showerheads or aerators.

Customer Signature: _____ Date: _____

Submit this form to:

Utility Conservation
City of Lompoc
100 Civic Center Plaza
Lompoc, CA 93436