MAUI COUNTY DEPARTMENT OF WATER SUPPLY
Low-Flow Fixture Data Form

***PLEASE PRINT CLEARLY***

**DATE:** _____ **SERVICE HOLDER'S NAME:** _____ **PHONE #:** _____

**SERVICE ADDRESS:** _____
No. & **Street** Name **(NOT A P.O. BOX)** Town Zip Code

IN MY HOUSE I HAVE THE FOLLOWING:
**(SPECIFY QUANTITY)**

PREMISE #: (from water bill) _____

CUSTOMER ID: (from water bill) _____

_____ SHOWERS
_____ BATHROOM SINKS
_____ KITCHEN SINKS
_____ OUTDOOR FAUCETS
_____ TOILETS
_____ BATHTUBS
_____ LAUNDRY SINKS
_____ BAR SINKS
_____ WORKROOM SINKS
_____ CLOTHES WASHERS
_____ DISHWASHERS
_____ POOLS
_____ JACUZZIS
_____ REFRIGERATORS
_____ ICE MACHINES
_____ AIR CONDITIONERS

ADDITIONAL WATER USES BESIDES THOSE LISTED ABOVE:
_____

| FOR OFFICE USE ONLY | |
|---|---|
| **FIXTURES GIVEN** | **QTY.** |
| Showerhead, NZ9Z95N | |
| Bathroom Faucet Aerator, N3104 | |
| Kitchen Faucet Aerator, N3115V | |
| Self-Closing Hose Nozzle, N2157A | |
| Toilet Tank Bag | |
| **Date Given:** | **By:** |

I ☐ DO ☐ DO NOT IRRIGATE MY YARD (NO. OF ACRES IRRIGATED: )
I ☐ HAVE ☐ HAVE NOT RECEIVED FREE LOW-FLOW FIXTURES IN THE PAST
I ☐ HAVE ☐ HAVE NOT INSTALLED THE LOW-FLOW FIXTURES THAT I RECEIVED

| If you have received fixtures in the past, please specify the quantity received in the appropriate space. | Shower Head | Bathroom Aerator | Kitchen Aerator | Hose Nozzle | Toilet Tank Bag | Other |
|---|---|---|---|---|---|---|
| Department of Water Supply | | | | | | |
| Department of Public Works | | | | | | |
| MECO/Public Works/Water Supply Giveaway | | | | | | |

Please state your comments, suggestions or questions below on how we can better help our customers conserve water, or if you wish to speak to someone or if you have any problems with the fixtures given to you today please contact us at 244-8550.

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