



# Polk Regional Water Cooperative

PRWCwater.org



## Indoor Water Conservation Programs: Free Water Conservation Kit

**Contact:**

**Mary Hayes**

City of Haines City Utilities  
426 Claude Holmes Sr. Ave.  
Haines City, FL 33844

**Email:** [MHayes@HainesCity.com](mailto:MHayes@HainesCity.com)

Phone: (863) 421-3695

Fax: (863) 421-3699

**Items in Conservation Kit:**

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

**Applicant Information: Please print clearly.**

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

- I would like the conservation kit mailed to me at the address above
- I will pick up my conservation kit at City of Haines City's office: 426 Claude Holmes Sr. Ave. Haines City, 33844 on \_\_\_\_\_ (Date) between the hours of 8:00 am and 4:30 pm.

**Agreement of Term and Conditions**

The undersigned agrees to hold harmless the City of Haines City against all loss, damage, expense, and liability resulting from the loss, destruction of damage to property arising out of or in any way connected with the installation of the Water Conservation Kit. The City of Haines City reserves the right to alter this program at any time. Funding for the program is limited to available resources. For further questions, please call (863) 421-3695.

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

\*Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Complete, sign, and date this page. Return to the utility using the contact information above.**