



**SANTA CRUZ COUNTY  
ENVIROMENTAL HEALTH SERVICES**

**Water Conservation Agreement**

1. Assessor's Parcel Number (APN) \_\_\_\_\_
2. Property Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
(number and street name) (unit #)
3. Daytime phone (\_\_\_\_) \_\_\_\_\_

4. I, \_\_\_\_\_ am the owner of the property located at the  
(print name)  
above address. I hereby certify that the above property is in compliance with Water Conservation Law as ordained in Chapter 7.69, Installing Water Conservation Devices, of the Santa Cruz County Code.

This certification is verified by the following:

a. Owner Certification

\_\_\_\_ Total number of showers per property address      \_\_\_\_ Number of low-flow showerheads retrofitted  
\_\_\_\_ Total number of toilets per property address      \_\_\_\_ Number of ultra-low-flush toilets retrofitted

b. Exemption(s) Claimed (check all that apply):

- \_\_\_\_ structure(s) constructed or remodeled with permits in 1994 or later  
\_\_\_\_ existing showerhead(s) use 2.5 gal./min. or less  
\_\_\_\_ emergency shower cannot safely operate with a maximum flow rate of 2.5 gal./min.  
\_\_\_\_ showerhead fixture retrofit to comply with this ordinance would require a significant expense  
\_\_\_\_ showerhead fixture retrofit will not function properly in accordance with the ordinance  
\_\_\_\_ existing toilet(s) use 1.6 gal./flush or less  
\_\_\_\_ toilet fixture retrofit to comply with this ordinance would require a significant expense  
(Ord. 4781§ 1 (part), 4/05/05  
\_\_\_\_ any toilet that will not function properly after being retrofitted in accordance with this ordinance.

I/We declare under penalty of perjury that the information stated above is true and complete, to the best of my knowledge.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor/Consultant

\_\_\_\_\_  
Date

SEND A COPY TO THE OWNER and COPY TO APN FILE