



City of Grover Beach

DEPARTMENT OF PUBLIC WORKS

INSTALLATION VERIFICATION WATER CONSERVATION RETROFIT REBATE PROGRAM

I, _____, certify that I have removed and installed said fixture(s) at the
Licensed Plumber's Name
subject property. Attached is the original work order and/or invoice.

Company Name: _____ Phone: _____

State License #: _____ City of Grover Beach BTC #: _____

Signature of Plumber: _____ Date _____

Installation Verified by:

Signature of Property Owner/Agent: _____ Date: _____

Installation Address: _____