



# Free Rain Sensor Check and Installation

## Plus A Free Irrigation and Landscape Evaluation



**Contact:** Jacqueline Hollister  
Water Conservation  
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**Our contractor will evaluate your irrigation system and landscaping, checking for over-watering, breaks, suggested locations for micro-irrigation or capping unnecessary heads; saving you money! And it costs you nothing to participate!**

**Your hard-wired or wireless rain sensor will be checked to see if it operates properly, and will be replaced for free if it does not. Per Florida Statute 373.62, all automatic irrigation systems must have a rain shut-off device.**

### Program Qualifications

\_\_\_\_ You must have a working automatic irrigation system in order to participate.

\_\_\_\_ Account holder must be a customer of Davenport Utilities using drinking water or reclaimed water for irrigation.

\_\_\_\_ Location must have a 12 month history, the past 3 months must average at least 14,000 gallons of water used each month (will be verified by PCU)

### How to Apply

1. Complete all items on this form and submit to PCU via mail, email or fax
2. PCU will verify and then contact you and our contractor.
3. Contractor will contact you or your designee, setting up a meeting time. It is important that a responsible adult is on-site for the rain sensor check and landscape evaluation, and to provide access to your time clock to check your irrigation system.

### Applicant Information: Please print clearly

Utility Billing Account Number \_\_\_\_\_ Relationship to property (owner, tenant, etc.) \_\_\_\_\_

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

Location Street Address \_\_\_\_\_

Unit # \_\_\_\_\_ City \_\_\_\_\_, FL. Zip 338 \_\_\_\_\_ U.S. Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Sub-division \_\_\_\_\_

Gate Access Code? \_\_\_\_\_

### Contact (if different from above)

Name \_\_\_\_\_ U.S. Phone (\_\_\_\_\_) \_\_\_\_\_ Relationship to property (Manager, neighbor, etc.) \_\_\_\_\_

### Owner's Mailing Address (if different from above)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Building/Property Information: Please select**

Single Family? \_\_\_\_ Multi-Family/Apt? (# of Units\_\_\_\_) Commercial Business? \_\_\_\_

HOA Common Area? \_\_\_\_ Over 1/2 acre?\_\_\_\_ More than 1 time clock?\_\_\_\_

**IMPORTANT: What is expected from You:**

- ◆ Receiving a free landscape and irrigation evaluation is contingent on the property having an operating rain sensor or allowing one to be installed.
- ◆ Contract evaluator will make recommendations and/or reduce irrigation run times, however is not authorized to make any physical changes or repairs to the system other than resetting the time clock.
- ◆ Participant agrees to participate in a free follow-up evaluation in the future.
- ◆ Any costs incurred in making recommended modifications will be at the participant's expense.
- ◆ Participant agrees to complete and return a satisfaction survey after the evaluation.

**By Submitting this application, I agree that I have read and will abide by the program guidelines as outlined herein. In addition, I certify that my entire irrigation system is in good operating condition. In the event my irrigation system is inoperable at the time of the scheduled evaluation, I understand that I may be charged by the contractor for their time and mileage costs, and that I will be ineligible to receive the requested rain sensor, evaluation and conservation kit.**

**I further understand that my water consumption information will be included in the final project report for this project to the Southwest Florida Water Management District.**

**Customer agrees that in order to participate in this program, the County's contractor shall have the right to enter the property of the water customer, after contact with the customer or representative, for the purpose of performing duties related to this Landscape and Irrigation Evaluation Program.**

**Additional comments or Questions:** \_\_\_\_\_

**By signing and submitting this form, I affirm that I am the legal property owner, water account holder, or contracted property manager for this address, or am otherwise authorized to sign and submit for the property owner.**

X

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Print and Submit via mail to:**

**Jacqueline Hollister  
Water Conservation  
1011 Jim Keene Blvd  
Winter Haven, FL 33880**

**or E-mail to: [JacquelineHollister@polk-county.net](mailto:JacquelineHollister@polk-county.net)**

