



Department of Water, County of Kauai
Conservation & Leak Detection Program

Customer must complete the form below and submit to DOW offices for redemption.

*One (1) kit redemption per household/customer account, per year.

Name: _____

Date: _____

Street Address

Town

Zip Code

Phone Number: _____

Account Number: _____

I acknowledge receiving conservation supplies & leak detection tablets for my household/customer account.

Customer Signature

Please indicate how many are in your house:

- # Bathrooms
Showers
Toilets
Bathroom Sinks
Kitchen Sinks
Hose Bibs
Laundry Sinks
Bar Sinks
Work-Room Sinks
Washing Machines
Dishwashers
Pools
Refrigerators
Ice Machines
Air Conditioners
Other water fixtures:

Do you irrigate your yard?

- Yes, I irrigate my yard.
Acres irrigated
No, I do not irrigate my yard.

How did you hear about our giveaway?

Two horizontal lines for providing an answer to the giveaway question.