



**SANTA CRUZ COUNTY WATER
CONSERVATION PROGRAM**
WATER CONSERVATION CERTIFICATION

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

4. I, _____ am the seller 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. Seller 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 declare under penalty of perjury that the information stated above is true and complete, to the best of my knowledge.

Seller Signature

Date

**SEND A COPY TO THE BUYER and MAIL ORIGINAL CERTIFICATION FORM TO:
Santa Cruz County Water Conservation Program, 701 Ocean Street, Room 312, Santa Cruz, CA 95060**