Instructions: This application should be filled out by a Homeowner, Townhome or Condominium Association (Association) that is interested in participating in the City of Lakeville and Vermillion River Watershed JPO Urban Water Conservation Program. Applicant Associations must be located within the City of Lakeville. Applications should be submitted to Kelly Perrine, City of Lakeville Environmental Resources Technician at kperrine@lakevillemn.gov and will be accepted through April 1. Selected Associations will be required to pay $50 that will go towards the cost of the irrigation audit.

Association Information

Association Name: ________________________________________________________________

Authorized Representative: _________________________________________________________

Affiliation (i.e. Board President, Board Member, etc.): _______________________________

Phone Number: __________________________________________________________________

E-mail: _________________________________________________________________________

Irrigation System Overview

The irrigation system was installed in the following year: _____________________________
The irrigation system has the following number of irrigation zones: ______________ zones
The irrigation system has the following number of controllers: ______________ controllers

Current Irrigation System Management

Does the Associations annually budget for irrigation system maintenance, improvements and/or repairs? YES NO
If so, briefly describe______________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

I, _______________________ (Board President), representing _____________________________
Association acknowledge that this acts as an official application for consideration in the ________ (year) Urban Water Conservation Program.

Signature: ______________________ Date: __________________________