



Town of Canton Application Form Free Showerhead & Faucet Aerators

Application Date: _____

Customer Name: _____

Installation Address: _____

Mailing Address: _____

Telephone & Email: _____

Number of 1.5 GPM showerheads requested: _____

Number of 1.5 GPM aerators (kitchen) requested: _____

Number of 1.0 GPM aerators (bathroom) requested: _____

Estimated flow rates of old items being replaced (if known): _____

I am a current, residential water customer of the Town of Canton. I agree to install the above items in my home. I accept sole responsibility for ensuring proper installation. If for some reason I decide not to use these items or to uninstall them, I will bring them back to the DPW office.

Applicant Signature

Date

OFFICE USE ONLY	
<input type="checkbox"/> Approved; <input type="checkbox"/> Denied	
Authorized by: _____	Account # _____
Issue Date: _____	