



Georgetown Water Department

Certification of Smart Irrigation Controller Installation

REBATE #: _____

Information about you:

Name: _____

Daytime Phone: _____

Service Street Address: _____

Account #: _____

Information on the smart irrigation controller purchased:

Manufacturer: Model #: _____

Where Purchased: _____

****By signing below, you acknowledge that:**

☐ You have purchased the smart irrigation controller described above for the installation at the location indicated.

☐ You understand that GWD or its designated representative reserves the right to inspect or otherwise verify installation of the smart irrigation controller.

Your Signature: _____ Date: _____