



Community Conservation Challenge

Team Member Application

Application Deadline is Friday, May 8, 2009

Participant Information

Name: _____ Account number (from water bill): _____

Address: _____ Email address: _____

Telephone: (day) _____ (evening): _____

How long at this address? _____ Year house was built: _____

In ground irrigation at this property? _____ Pool at this property? _____

Number of people residing at this address from May – November 2009: _____

May – November 2008: _____

May – November 2007: _____

May – November 2006: _____

Team Information

Name of Organization: _____ Team Leader: _____



I'm not part of a participating organization. Please assign me to the "Friends of El Uval" team.

Commitment (please initial)

_____ I agree that the address listed above will be occupied for a minimum of 10 weeks between Memorial Day and Labor Day 2009.

_____ I commit to making an effort to become more water-efficient by taking the advantage of water conservation opportunities offered by the Town.

_____ I have read and understand the Community Conservation Challenge Guidelines for Team members.

_____ I agree to waive payment for water conservation services described in the Guidelines and agree to allocate payment to our team's designated beneficiary, the El Uval Drinking Water Project.

(signature)

(date)

**Mail to: Joanne Bissetta, CPW, 135 Keyes Rd., Concord, MA 01742;
or email to: joanneb@concordma.gov**



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