

H2O STRATEGIES, INCORPORATED

Customer Questionnaire

_____ Date

_____ Client Executive

Company _____

Contact _____ Title _____

Phone _____ Address _____

Fax _____

E-mail _____

Type of Business / Industry (please check as many as apply):

_____ Golf Course _____ Political Subdivision _____ Landscaping Industry

_____ Park _____ Commercial Developer _____ Agricultural Property

_____ Sports/Rec. _____ General Business _____ Residential Developer

_____ Hotel/ Resort _____ Non-Profit Organization _____ Home Owner Assn.

_____ Other (Explain) _____

Current Water Rate(s): \$ _____ per _____

Current Water Usage: _____ gallons per month / _____ gallons per year

Manufacturer of Irrigation System: _____ Age of System _____

Approximate No. of:

Valves: _____ Make: _____ Model: _____ Age: _____

Timers: _____ Make: _____ Model: _____ Age: _____

Controllers: _____ Make: _____ Model: _____ Age: _____

Upon Completion, Please FAX This Questionnaire To: **(310) 546-5740**

To Speak To A Company Representative, Please Call **(310) 802-1339**

H2O Strategies Will Contact You With A Preliminary Evaluation
Within 48 Hours of Receipt Of This Questionnaire