

City of Santa Fe
Retrofit Program

Santa Fe County Admin
Bldg.

***Eligibility requirements

- ✓ Must have an active water account with Sangre de Cristo Water Division
- ✓ Must have A meter number for the SDCWD account
- ✓ Structure must be built prior to 1998
- ✓ Should not have participated in Water Wise Program

Commercial

Property Owner's Name SANTA FE COUNTY
Tenant's Name STATE OF NM
Contact Person PAUL OLAFSON
Physical Address 102 Grant Ave
Mailing Address P.O. Box 276 SF NM 87501
Phone Number 992-9866 Work _____ Other 490-2236
Year Building was Built _____ SDCWD Water Account # 00064320 Meter # 20921
Number of Toilets Installed 7 _____ 00163956
Square Footage 35,808 Type of Use Admin Bldg.
Comments _____

City of Santa Fe
Water Budget Administrative Office
200 Lincoln Ave.
Santa Fe, NM 87504
505-955-6120

WAIVER AND RELEASE OF LIABILITY AND PERMISSION AND INSTALLATION AFFIDAVIT

I, _____, hereby state that S F County has installed 7 toilets at 102 Grant Ave on this date May, 2002 and have given the installer permission to do so.

Equivalency determination factor amount for this commercial property is 35,808 sq/ft i.e. square footage/seating capacity

By signing this application, I hereby agree to release and forever discharge the City of Santa Fe, its' elected officials, agents and employees ("City") from any and all claims, causes of action or suits of any kind or nature which may arise out of any and all matters related to my participation in the Water Budget Referral list. I understand that the City is not responsible for my entering into agreement with the installer of the low flow toilet fixtures or of the installation of any of the low flow toilet fixtures.

I further agree that the City may enter and inspect my premises or property for the purpose of verification that the installation of the low flow toilet fixture(s) has occurred. This inspection will only occur upon mutual agreement of an inspection time and only in my presence or a designated person of my choosing.

Nothing contained herein is intended to waive the rights of the City hereto to claim the privileges and immunities granted to it under the New Mexico Tort Claims Act or any other applicable law or ordinance.

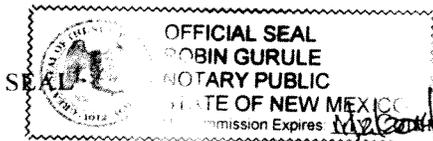
I, the undersigned acknowledge that I am the property owner of the subject address and have read and understand this waiver and release and consent to its terms.

Katherine Miller
Property Owner Signature

7.10.12
Date

Subscribed and sworn to before me this 10 day of July, 2012

[Signature]
Notary Public



Commission Expires: 11/2014

For additional information, call City of Santa Fe: (505)955-6120
revised 3/21/06

Approved as to form
Santa Fe County Attorney
By: [Signature]
Date: July 3, 2012

WAIVER AND RELEASE OF LIABILITY AND
PERMISSION AND INSTALLATION AFFIDAVIT

I, _____, hereby state that SF County has installed 45
toilets at 100 Catron on this date 6-2002 and have given the installer
permission to do so.
Property Owner Name of Installer Amount
Property Address Date of Installation

Equivalency determination factor amount for this commercial property is 65,000 sq/ft
i.e. square footage/seating capacity

By signing this application, I hereby agree to release and forever discharge the City of Santa Fe, its' elected officials, agents and employees ("City") from any and all claims, causes of action or suits of any kind or nature which may arise out of any and all matters related to my participation in the Water Budget Referral list. I understand that the City is not responsible for my entering into agreement with the installer of the low flow toilet fixtures or of the installation of any of the low flow toilet fixtures.

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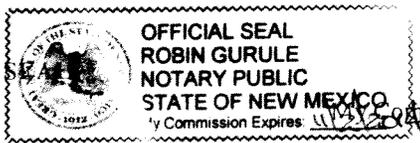
I, the undersigned acknowledge that I am the property owner of the subject address and have read and understand this waiver and release and consent to its terms.

Katherine Nixon
Property Owner Signature

7.10.12
Date

Subscribed and sworn to before me this 10 day of June, 2012

[Signature]
Notary Public



Commission Expires: 11/2/2014

For additional information, call City of Santa Fe: (505)955-6120
revised 3/21/06

Approved as to form
Santa Fe County Attorney
By: [Signature]
Date: July 3, 2012
[Signature] 7/3/12

City of Santa Fe
Retrofit Program

Community Health
(Sobering Center)

***Eligibility requirements

- ✓ Must have an active water account with Sangre de Cristo Water Division
- ✓ Must have A meter number for the SDCWD account
- ✓ Structure must be built prior to 1998
- ✓ Should not have participated in Water Wise Program

Commercial

Property Owner's Name SANTA FE COUNTY
Tenant's Name STATE OF NM
Contact Person PAUL OLAFSON
Physical Address 2052 S. Galisteo St
Mailing Address P.O. Box 276 SF NM 87501
Phone Number 992-9866 Work _____ Other 490-2236
Year Building was Built _____ SDCWD Water Account # 00410430 Meter # 22366
Number of Toilets Installed 3
Square Footage 11,000 Type of Use Admin Bldg.
Comments _____

City of Santa Fe
Water Budget Administrative Office
200 Lincoln Ave.
Santa Fe, NM 87504
505-955-6120

WAIVER AND RELEASE OF LIABILITY AND
PERMISSION AND INSTALLATION AFFIDAVIT

I, _____, hereby state that SF County has installed 8
toilets at 2052 S. Galisteo St of this date June-2002 and have given the installer
permission to do so.
Property Owner Name of Installer Amount
Property Address Date of Installation

Equivalency determination factor amount for this commercial property is 11,000 sq/ft
i.e. square footage/seating capacity

By signing this application, I hereby agree to release and forever discharge the City of Santa Fe, its' elected officials, agents and employees ("City") from any and all claims, causes of action or suits of any kind or nature which may arise out of any and all matters related to my participation in the Water Budget Referral list. I understand that the City is not responsible for my entering into agreement with the installer of the low flow toilet fixtures or of the installation of any of the low flow toilet fixtures.

I further agree that the City may enter and inspect my premises or property for the purpose of verification that the installation of the low flow toilet fixture(s) has occurred. This inspection will only occur upon mutual agreement of an inspection time and only in my presence or a designated person of my choosing.

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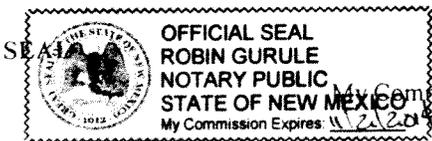
I, the undersigned acknowledge that I am the property owner of the subject address and have read and understand this waiver and release and consent to its terms.

Katherine Niles
Property Owner Signature

7-10-12
Date

Subscribed and sworn to before me this 10 day of July, 2012

[Signature]
Notary Public



My Commission Expires: 11/21/2014

For additional information, call City of Santa Fe: (505)955-6120
revised 3/21/06

Approved as to form
Santa Fe County Attorney
By: [Signature]
Date: July 3, 2012
[Signature] 7/5/12