

HOUSE DESIGN

Rainwater Harvesting System Form

Customer Details

Name	Data
Our Ref	Your Ref
Address	Postcode
Phone	Email

Project Details

Name	Stage
Start Date	
Applications	WC Flushing Washing Machine Garden
	Application specifics (eg. Quantity)
Gravity (Header Tank) <input type="checkbox"/>	Or Director (No Header Tank) <input type="checkbox"/>
Roof Area SQM	Total Occupants

Notes / Extra Details