



VARIANCE REQUEST FOR COMMERCIAL WATER ALLOCATION

Name on Account: _____ Account number: _____

Service Address: _____

*This form is to request an allocation other than the standard amount EMWD uses for your type of business. If you believe you need an adjusted allocation based on the criteria listed below, you must complete and return this form. The allocation billing system is designed to serve as a tool to help you identify problems such as leaks or over-watering. Using water efficiently helps EMWD keep water rates low by reducing purchases of expensive water from outside the local area. Variances may be approved for any of the following reasons and are subject to periodic review by EMWD. **IMPORTANT! Some variances may not be approved per EMWD's current drought status. For more information, please visit www.emwd.org/wscp.***

An adjusted water allocation is requested for the following reason(s):

- 1. Average Indoor Usage** (based on 80 percent average winter use)
- 2. Number of Students**
Total number of students enrolled: _____
- 3. Irrigated Landscape Area**
Total existing irrigated landscape area in square feet _____
- 4. NEW Irrigated Landscape Area – for functional turf only**
(eligible for 25% increase in outdoor budget for 6-month establishment period – for functional turf only)
New irrigated landscape area in square feet _____ Date planted _____
- 5. Other Instances** *There may be instances where an increased allocation on a permanent or temporary basis may be appropriate. If you believe that is the case, please provide the details on the reverse side and attach any documentation you may have. Our staff will contact you regarding your request within 30 business days. Please note that additional documentation may be required.* _____

In most cases, if approved, variances will be applied starting with your next bill.

I have completed this form and affirm that I am the above account holder and the information contained herein, including attachments, is complete and accurate. I further understand that all variances are subject to change and I may be liable for back charges for providing false information.

Signature: _____ Date: _____

Please return to:
Email: variance@emwd.org
Fax: 951-928-6145

EASTERN MUNICIPAL WATER DISTRICT
Attn: Customer Service Dept.
PO Box 8300
Perris, CA 92572-8300

Please provide the following so we may contact you if we have questions regarding your application:

E-mail Address

Daytime Phone # between 8:00 a.m. – 5:00 p.m.

CS-001
Rev: 11/2017

District Use Only: _____ Date Logged: _____
Tracking#: _____ Account#: _____