



VARIANCE REQUEST – MULTIPLE FAMILY RESIDENTIAL ACCOUNT ONLY

Name: _____ Account Number: _____

Service Address: _____

This form is to request an allocation greater than the standard amount EMWD uses for your type of multiple family account. If you believe you need an increased allocation 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 are subject to periodic review by EMW D.

Please provide each meter’s irrigated landscape area on a separate variance form and a landscape site map.

For each valve circle if it is T = Turf, P = planter (shrubs, groundcover, etc.)

Valve	Station #	Square Feet	Valve	Station #	Square Feet
T or P	1.	_____	T or P	11.	_____
T or P	2.	_____	T or P	12.	_____
T or P	3.	_____	T or P	13.	_____
T or P	4.	_____	T or P	14.	_____
T or P	5.	_____	T or P	15.	_____
T or P	6.	_____	T or P	16.	_____
T or P	7.	_____	T or P	17.	_____
T or P	8.	_____	T or P	18.	_____
T or P	9.	_____	T or P	19.	_____
T or P	10.	_____	T or P	20.	_____

<p>This meter is a:</p> <p><input type="checkbox"/> Mixed use MFR meter with outdoor and indoor use. Total number of units on this meter _____. Total number of residents served by this meter _____.</p> <p><input type="checkbox"/> Indoor use only MFR meter (no outdoor use). Total number of units on this meter _____. Total number of residents served by this meter _____.</p> <p><input type="checkbox"/> Looped meter – more than one meter connected together – other account number _____.</p>	<p>Please check box(s)</p> <p>Turf Square Feet _____</p> <p>Functional Turf Square Feet* _____</p> <p>Planter Square Feet _____</p> <p>Total Square Feet _____</p> <p><i>Use additional sheet(s), if needed</i></p>
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*Functional Turf: a landscape turf area that serves as a surface for such purposes as playing sports or gathering for group activities.

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 _____

E-mail Address _____ Daytime Phone # _____

Please return to: Attn: Customer Service Dept., EASTERN MUNICIPAL WATER DISTRICT, 2270 Trumble Road, P.O. Box 8300, Perris, CA 92572-8300; Fax #: 951-928-6120; Email: variance@emwd.org

Form #: Landscape Variance Request - DL District Use Only
 Rev: 4/15/16 Tracking #: _____ Account #: _____ Date logged: _____