



VARIANCE REQUEST FOR INCREASED RESIDENTIAL WATER ALLOCATION

Name: _____ Account number: _____

Service Address: _____

This form is to request an allocation greater than the standard amount EMWD uses for your type of home. If you believe you need an increased 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.

I request an increased water allocation for the following reason(s):

- 1. Residents per Household**
Total number in household: _____.
- 2. Licensed Elder or Child Care Facility (in a residential unit)**
Total number of persons: _____ Submit a copy of facility license.
- 3. Medical Needs**
Include verifiable medical documentation.
- 4. Irrigated Landscape Area**
Total existing landscape area in square feet _____ (submit landscape drawings/sketch on 8.5" x11" paper).
- 5. New Landscape (eligible for 25% increase in outdoor budget for the 6-month establishment period)**
New landscape area in square feet _____ (submit landscape drawings/sketch on 8.5" x11" paper). Date planted _____.
- 6. Pools (filled once every five years)**
(Gallons _____) or (Length _____ Width _____ Average Depth _____)
- 7. Large Animals (weighing over 100 pounds each)**
Number of animals: _____.
- 8. 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 in the lines below and attach any documentation you may have. *Our Customer Service Department will contact you regarding your request within 30 business days.*

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.

Please return to:
Attn: Customer Service Dept.
EASTERN MUNICIPAL WATER DISTRICT
2270 Trumble Road
P.O. Box 8300
Perris, CA 92572-8300
Fax #: 951-928-6177
Email: variance@emwd.org

E-mail Address

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

Signature

Date

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