



**IRRIGATED LANDSCAPE VARIANCE REQUEST
DEDICATED LANDSCAPE ACCOUNT ONLY**

Name: _____ Account Number: _____

Service Address: _____

This form is to request an allocation greater than the standard amount EMWD uses for your size of irrigated landscape area. 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 EMWD.

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.	_____

This meter is a: *Please check box(s)*

- Outdoor only - Landscape Only

- Looped meter - more than 1 meter connected together - other account number _____

Use additional sheet(s), if needed

Turf Square Feet _____
 Functional Turf Square Feet* _____
 Planter Square Feet _____
 Total Square Feet _____

*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.

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: billing@emwd.org

 E-mail Address

 Daytime Phone # between (8 a.m. – 5 p.m.)

 Signature

 Date

District Use Only

Tracking #: _____ Account #: _____ Date logged: _____