



**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 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 or 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)

- Mixed use MFR meter with outdoor and indoor use
Total number of units on this meter _____
Total number of residence served by this meter _____
 - Indoor use only MFR meter (no outdoor use)
Total number of units on this meter _____
Total number of residence served by this meter _____
 - Looped meter - more than 1 meter connected together - other account number _____
- Use additional sheet(s), if needed
- Turf Square Feet _____
- Planter Square Feet _____
- Total Square Feet _____

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: _____