



VARIANCE REQUEST FOR RESIDENTIAL WATER ALLOCATION

Name: _____ Account number: _____

Service Address: _____

*This form is to request an allocation other than the standard amount EMWD uses for your type of home. 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.***

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

- 1. Residents per Household** *(please complete reverse side with a list of names and ages)*
Total number in household: _____
Temporary Household Changes *(long-term guests; 30 days' notice required prior to start date of temporary request)*
Number of additional people: _____ Start date: _____ End date: _____
- 2. Licensed Elder or Child Care Facility** *(in a residential unit; submit a copy of facility license)*
Total number of persons: _____
- 3. Medical Needs** – Please complete the Medical Variance Form
- 4. Irrigated Landscape Area**
Total existing irrigated landscape area in square feet _____
- 5. NEW Irrigated Landscape Area (for backyard turf grass only)**
(eligible for 25% increase in outdoor budget for 6-month establishment period; please attach copies of new sod receipts)
New irrigated landscape area in square feet _____ 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** *(please complete reverse side)*
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 Customer Service Department 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 see reverse side for more information

