



VARIANCE REQUEST FOR RESIDENTIAL WATER BUDGET

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 [Link to Form](#)

4. Irrigated Landscape Area (Please attach photos of all irrigated areas)

Total existing irrigated landscape area in square feet _____

5. Large Animals *(weighing over 100 pounds each)*

Number of animals: _____

6. 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

Please return to:

Email: variance@emwd.org
Fax: 951-928-6145

EASTERN MUNICIPAL WATER DISTRICT
Attn: Customer Service Dept.
PO Box 8300
Perris, CA 92572-8300

Please provide the following so we may contact you if we have questions regarding your application:

E-mail Address	Daytime Phone # between 8:00 a.m. – 5 p.m.
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Residents per Household	
Please list all names and ages for each person in household.	
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
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Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____

Other Instances: _____

Este artículo contiene información importante. Si quisiera obtener esta información en español, visítenos en www.emwd.org y seleccione "Español" o llame al (951) 928-3777 anexo 4221 para recibir una copia en español por correo.