

El Toro Water District

Variance/Adjustment Request Form

The purpose of this form is to request an adjustment to your water budget. If you believe your allocation needs to be increased based on the criteria listed below, please complete and return this form.

The Water Budget-Based Tiered Conservation Rate Structure is designed to provide an adequate amount of water for indoor and outdoor use. Variances/Adjustments may be approved for qualified reasons and are subject to periodic review by El Toro Water District. If you have multiple meters in one account, please refer to your bill for the Service ID for the meter for which you are requesting adjustments and/or variances. Use a separate sheet to summarize your request.

El Toro Water District will reply within 60 days of receipt of this request. Retroactive variances/adjustments will not be granted.

***During local and statewide drought conditions, variances for refilling pool and re-establishing landscapes may not be approved.**

Customer Information
Account Number: _____ Service ID: _____
Service Address: _____
Name on Account: _____
Email Address: _____
Best day, time and phone number to reach you: _____
Adjustments
<input type="checkbox"/> Household Size (Indoor) (Documentation such as copies of DMV records, birth records, school records, lease/rental agreements, etc. is required for households requesting an increase in occupancy of more than two permanent residents.) Total number of people permanently residing at the service address: _____
<input type="checkbox"/> Landscape Area (Outdoor) (Documentation such as copies of blueprints, Orange County Assessors' records, etc. is and/or a verification site visit may be required.) Current Irrigable Landscape Area (from water bill): _____ sq ft Requested Adjusted (New) Irrigable Landscape Area: _____ sq ft
Variances
<input type="checkbox"/> Medical Needs (Indoor) (A doctor's note is required. The note should specify the information below.) Amount of additional water needed per day: _____ gallons
<input type="checkbox"/> Elderly Care / Child Care (Indoor) (A copy of your license is required.) Total number of people: _____
<input type="checkbox"/> Large Animals (Outdoor) (For animals \geq 100 lbs, a verification letter from your veterinarian is required. The letter must specify the amount of water needed per day for each animal.) Total number of large animals : _____ Amount of water needed per large animal per day: _____ gallons

Variations (continued)

Refilling Pool* (Outdoor) (Customers are allowed to drain and refill the pool once every 2 years.)
Planned Refill Date _____ **Pool volume:** _____ gallons / cubic feet (circle the correct unit)
Pool dimensions: _____ ft (length) x _____ ft (width) x _____ ft (average depth)

Re-establishing Landscape* (Outdoor) (Allowed once every 2 years.) (Construction documentation and/or blue prints may be requested for verification.)
New irrigable landscape: _____ sq ft
Date planted: _____

Others
 There may be instances in which 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. Please note that additional documentation (i.e. receipts) may be required.

Approved variations/adjustments will become effective at the start of your next billing period after approval and will remain active for 24 months, at which time the customer will be required to re-confirm the circumstances surrounding the original request.

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 understand that all variations are subject to change and I may be liable for back charges for providing false information. I further understand that the El Toro Water District may request additional documentation to support my request.

Please mail, fax or deliver the completed and signed form with any required documentation to:

El Toro Water District
Attn: Customer Service – Variance Form
 24251 Los Alisos Blvd.
 Lake Forest, CA 92630
 Fax: 949-837-7092
 Email: CustomerService@etwd.com

Signature (of account holder only)

Date

District Use Only	
Received Date	Processing Date
<input type="checkbox"/> Approved <input type="checkbox"/> Declined By: _____	
Other Note(s):	Reason(s) for Decline:
System Updated By: _____ Date: _____	System Verified By: _____ Date: _____