



VARIANCE REQUEST FOR INCREASED RESIDENTIAL WATER BUDGET

Name: _____ Account Number: _____

Service Address: _____

Mailing Address: _____

If you believe you need an increased water budget based on the criteria listed below, please complete and return this form. The water budget tiered rate billing system is designed to serve as a tool to help you identify problems such as leaks or over-watering. Using water efficiently helps RCWD 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 RCWD.

I request an increased water budget for the following reason(s):

- 1. Residents per Household (PPH)** **Default for Domestic users is 3 PPH**
Total number in household: _____ **7 or more – On the back of this form list the names and ages of each person living in the house. Include copy of Drivers License if over 18 years of age.**
- 2. Irrigated Landscape Area**
Total existing landscape area in square feet: _____,
Please include your landscape area sketch with dimensions in feet & total area in square feet. Include pool surface area.
- 3. Licensed Elder or Child Care Facility (in a residential unit)**
Total number of persons: _____, Submit a copy of facility license.
- 4. Medical Needs**
Include verifiable medical documentation.
- 5. Large Animal (weighing over 100 pounds each)**
Number of animals: _____ Type: _____
Verification Required - Please attach proof (i.e. Photos, veterinary records, etc.)
- 6. Other Circumstances**
There may be an instance where an increased allocation on a permanent or temporary basis may be appropriate. If you believe this is the case, please provide the details in the lines below and attach any documentation you may have.

If approved, variances will be applied starting with your next bill under the new rate structure

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 allow 4 to 6 weeks to process your request for variance. Variances will be effective beginning with first complete billing cycle after the date they are approved.**

Please return to:
RANCHO CALIFORNIA WATER DISTRICT
Attn: Engineering Services Department
42135 Winchester Rd./P.O. Box 9017
Temecula, CA 92589-9017
Fax No. (951) 296-6870

E-mail address

Daytime Phone No. between (8 a.m. – 5 p.m.)
(Required)

Signature

Date

District Use Only:

Date Received: _____ Form Reviewed by: _____ (initial) Documentation Complete: (circle) Yes No
(if no) Follow-up call made by: _____ (initials) Date: _____ Variance Granted. Yes No _____ (initials)
Date of Follow-Up Letter : _____ Initials: _____