



Application for Water Restrictions Variance

Requestor Information

Name of Person Requesting Variance: _____

Address for Variance: _____

Mailing Address: _____

Telephone No.: _____

Variance Requested

___ Change in watering day(s) to: _____

___ Change in watering time(s) to: _____

___ Other: _____

Effective Date: _____ Ending Date: _____

Reason for Variance (please explain)

Please provide proof to support your explanation above. Please allow up to ten (10) days for variance consideration. You will be contacted by mail.

Signature: _____ Date: _____

OFFICE USE ONLY: ___ APPROVED ___ NOT APPROVED

CONDITIONS OF VARIANCE: _____

EFFECTIVE DATE: _____ ENDING DATE: _____

BY: _____ DATE: _____