



# COMMERCIAL VARIANCE REQUEST FOR INCREASED WATER BUDGET

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Account #: \_\_\_\_\_ Service Address: \_\_\_\_\_

The purpose of this form is to request a variance. A variance is an allocation of water greater than the current allocation based on the three year rolling average. If you require a variance based upon the criteria below, please complete and return this form. Variances are subject to periodic review by MNWD.

## I Request a Variance for the Following Reason(s)

**Additional Employees**

*If requesting more than two additional employees over normal staffing levels, a form must be filled out.*

Seasonal Employees (3 months or less): Additional number of employees \_\_\_\_\_.

Temporary Employees (6 months or less): Additional number of employees \_\_\_\_\_.

Permanent Employees: Additional number of employees \_\_\_\_\_.

Increased allocations for additional employees may be reviewed annually. The District reserves the right to request proof of employment.

**Adjusted Irrigated Landscape Area**

Requested new irrigated landscape area \_\_\_\_\_ sq. ft.

**Leaks / Valve Problem**

Line / Valve Size \_\_\_\_\_ Run Duration \_\_\_\_\_ Date of Incident \_\_\_\_\_

**Pools (Filled Once a Year) *Spas are Not Eligible.***

Dimensions: Width \_\_\_\_\_ Length \_\_\_\_\_ Average Depth \_\_\_\_\_ Total Gallons \_\_\_\_\_

**Licensed Child or Elderly Care Facility. *(A Copy of Business License is Required.)***

Number of additional children \_\_\_\_\_ Number of additional permanent residents \_\_\_\_\_

**Other**

There may be instances where an increased allocation on a permanent or temporary basis may be appropriate. If this is the case, please provide the details on the lines below. The District reserves the right to request additional documentation and to conduct a site survey for verification. Our Customer Service Department will contact you regarding your request. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If approved, variances will be a retroactive adjustment to the customer's account, which can be made up to a maximum of 60 days and will be applied starting with your next bill.**

I affirm that the information contained herein, including attachments, is complete and accurate. I understand that all variances are subject to change based on future water conservation requirements.

Please mail in or drop off form and any supporting variance documents to:  
Moulton Niguel Water District  
27500 La Paz Road  
Laguna Niguel, CA 92677

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>District Use Only</b>	Confirmed In Person _____	Confirmed by Phone _____	Confirmed by E-Mail _____
Approved _____	Denied _____	Increase in BUs _____	Signature _____ Date _____