

RESIDENTIAL VARIANCE REQUEST FOR INCREASED WATER BUDGET

Na	me:	Phone #:	E-Mail:				
Ac	count #:	Service Address:					
Th MN for	e purpose of this form is to request a va	ariance. A variance quire a variance ba view by MNWD.	is an allocation of water greater than the standar sed upon the criteria below, please complete and				
Vá	ariances to Allocations						
0	Additional People in Home (Choose One) If requesting more than two additional occupants over the default number, please list the names below.						
	O Detached home with more than 4 per	manent residents:	Total number in household				
	• Attached home with more than 3 pern	nanent residents:	Total number in household				
	• Apartment with more than 2 permane	nt residents:	Total number in household				
Ple	ease list the names of the permanent res	sidents in the home					
	reased allocations for additional occup e District reserves the right to request p		ed annually.				
0	Adjusted Irrigated Landscape Area Current irrigated area from water bill Requested new irrigated landscape area		sq. ft. sq. ft.				
0	Licensed Child or Elderly Care Facility in a Residential Dwelling. (A Copy of Business License is required.) Total number of children Total number of live-in elders						
0	Medical Needs – Attach a doctor's note explaining the medical equipment and/or the additional gallons of water necessary per day. Please do not disclose any specific medical condition. Total Gallons per month						
0	Livestock (Weighing over 100 Pour Type of livestock	ounds each) Number of animals					

<u>Adjustment of Charges</u> *Stage 2 of the Water Shortage Contingency Plan (WSCP) is in effect until February 28, 2017, and Stage 1 of the WSCP is in effective as of March 1, 2017, through June 30, 2017.

For bills prior to March 1, 2017, in accordance with Stage 2 of the WSCP, there will be no adjustment of charges for consumption in Tiers 4 and 5 after July 1, 2015. Bills after March 1, 2017, may be submitted for review for a potential adjustment of charges for consumption in Tiers 4 and 5.

Adjustment requests must be submitted within one (1) month of the affected bill, and adjustments will be made only to the most recent bill. All billing units that were billed in Tiers 4 and 5 will be recalculated at the Tier 3 rate. All bill adjustments will be made in the form of a credit to the customer's account. Checks will not be issued.

0	Pools (Permitted once every five years and if filled before June 1, 2015)* Spas and Ponds are Not Eligible. Submit form when bill is received.								
	Date Filled	Dimensions: Width	Length	Average Depth	Total Gallons				
0	Leak Repairs (Not permitted between July 1, 2015, and March 1, 2017, due to Stage 2 of the WSCP)* Date of Repair Indoor Outdoor Describe the repair and provide invoice/receipt that the repair has been completed								
0	New California Friendly Landscapes (Variance is awarded between November and April)* Please include documentation reflecting new California Friendly Landscape and photos.								
0	Courtesy Adjustment – New Customer (within the first year)* New customers are eligible for one (1) courtesy adjustment within the first 12 months of starting water service within the District for their most recent bill at the time of notification to the District. To be eligible for a courtesy adjustment, a customer must have been billed within Tiers 4 and/or 5. Reason for Courtesy Adjustment								
0	Irrigation Timer Malfunction (Once Every Three Years)* Please include an invoice / receipt of repair.								
0									
An approved variance will become effective starting with the bill following the date the District processes the Residential Variance Adjustment form. An approved variance request will increase the base allocation (Tier 1 and/or Tier 2), and will be determined on a case-by-case basis. Please mail in or drop off variance form and any supporting documents Moulton Niguel Water District 27500 La Paz Road Laguna Niguel, CA 92677									
		ity of the customer to co ial Variance Adjustment		ict and request adju	stment to their base allocation				
No	retroactive bill a	adjustments will be made	e for increases	in household popula	ation or medical needs.				
		viding falsified informati nformation will be recald			back charges. Bill calculations count details.				
		mation contained herein, ir at to change based on futur	•	•	d accurate. I understand that all				
Sig	nature			Date					
Di	strict Use Only								
Δn	nroved Doi	nied Increase in RI	le	Signatura	Date				

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