



**REQUEST FOR
WATER VARIANCE APPLICATION**

Authorized Account Holder Name: _____

Phone Number: _____

Email Address: _____

Home Builder (if applicable): _____

Service Address: _____

Mailing Address (if different from above): _____

Date new lawn will be in place: _____

The variance may be rescinded or modified at any time due to changes in water restrictions.

FOR DISTRICT USE ONLY

Approved By: _____

Date Approved: _____

You may water daily using a sprinkler system for three (3) weeks, beginning on:

_____ until _____ but only during the
specified hours of **after 8:00 p.m. and before 10:00 a.m.**