

Water Budget Questionnaire

Customer:
Customer No.:
Account No:
Address:

Please complete this questionnaire and mail it back to our district office by **October 1, 2015**. Fill in or check the appropriate boxes by each selection. Otherwise, the default information shown will be used for each category.

INDOOR NEED

Default assumes 3 permanent residents per household (2010 census). Confirm



Number of permanent residents in the household _____

Please be accurate. Your response will also be the basis for your sanitation (sewer) charges.

OUTDOOR NEED

Default assumes the irrigated area figure below is correct and the customer does not irrigate the parkway between the sidewalk and street. Confirm



Irrigated area = _____ square feet
Or provide information you may have: _____ square feet

Do you irrigate a parkway (between sidewalk and street)? Yes No

Did you participate in the Mow No Mow Turf Removal Program? Yes No

ADJUSTMENTS

Default assumes there are no adjustments. Confirm



Medical needs (attach verifiable medical documentation; no need to state specific medical condition):
_____ gallons per day

Licensed child/adult/health care facility (attach copy of applicable license).
Number of children/adults _____

Horses or other livestock

Type: _____

Number: _____

Other needs (please explain): _____ gallons per day

All the information you provide is subject to verification.

Your current contact information below:

Confirm

Please update my information below:

Tel. No:

Tel. No. _____

Cell No.:

Cell No. _____

Email Address:

Email Address _____