El Toro Water District
Variance/Adjustment Request Form

The purpose of this form is to request an adjustment to your water budget. If you believe your allocation needs to be increased based on the criteria listed below, please complete and return this form.

The Water Budget-Based Tiered Conservation Rate Structure is designed to provide an adequate amount of water for indoor and outdoor use. Variances/Adjustments may be approved for qualified reasons and are subject to periodic review by El Toro Water District. If you have multiple meters in one account, please refer to your bill for the Service ID for the meter for which you are requesting adjustments and/or variances. Use a separate sheet to summarize your request.

NO RETROACTIVE VARIANCES/ADJUSTMENTS WILL BE GRANTED. Adjustments will be effective at the start of the billing period, after the adjustment is approved.

Customer Information

Account Number: Service ID:

Service Address:

Name on Account:

Email Address: _____

Best day, time and phone number to reach you: _____

Adjustments

☐ **Household Size** (Indoor) (Documentation such as copies of DMV records, birth records, school records, lease/rental agreements, etc. is required for households requesting an increase in occupancy of more than two permanent residents.)

Total number of people permanently residing at the service address: _____

☐ **Landscape Area** (Outdoor) (Documentation such as copies of blueprints, Orange County Assessors' records, etc. and/or a verification site visit may be required).

Current Irrigable Landscape Area (from water bill): _____ sq ft

Requested Adjusted (New) Irrigable Landscape Area: _____ sq ft

Variances

☐ **Medical Needs** (Indoor) (A doctor's note is required. The note should specify the information below.)

Amount of additional water needed per day: _____ gallons

☐ **Elderly Care / Child Care** (Indoor) (A copy of your license is required.)

Total number of people: _____

☐ **Large Animals** (Outdoor) (For animals ≥ 100 lbs, a verification letter from your veterinarian is required. The letter must specify the amount of water needed per day for each animal.)

Total number of large animals : _____

Amount of water needed per large animal per day: _____ gallons

Variances (continued)

☐ **Refilling Pool** (Outdoor) (Customers are allowed to drain and refill the pool once every 2 years.)
Planned Refill Date _____ Pool volume: _____ gallons / cubic feet (circle the correct unit)
Pool dimensions: _____ ft (length) x _____ft (width) x _____ft (average depth)

☐ **Re-establishing Landscape** (Outdoor) (Allowed once every 2 years.) (Construction documentation and/or blue prints may be requested for verification.)
New irrigable landscape: _____ sq ft
Date planted: _____

☐ **Others**
There may be instances in which an increased allocation on a permanent or temporary basis may be appropriate. If you believe that is the case, please provide the details in the lines below and attach any documentation. Our Customer Service Department will contact you regarding your request within 30 business days. Please note that additional documentation may be required.

_____
_____
_____

In most cases, if approved, adjustments/variances will be effective with the start of your next billing period.

I have completed this form and affirm that I am the above account holder and the information contained herein, including attachments, is complete and accurate. I understand that all variances are subject to change and I may be liable for back charges for providing false information. I further understand that the El Toro Water District may request additional documentation to support my request.

Please mail, fax or deliver the completed and signed form with any required documentation to:

El Toro Water District
Attn: Customer Service – Variance Form
24251 Los Alisos Blvd.
Lake Forest, CA 92630
Fax: 949-837-7092

Signature (of account holder only) **Date**

District Use Only		
Received Date	**Processing Date**	☐ Approved ☐ Declined By:_____
Other Note(s):	**Reason(s) for Decline:**	
System Updated By:_____ **Date:**_____	**System Verified By:**_____ **Date:**_____	