



SCV Water - Valencia Division Water SMART Program Variance Request

Name: _____ Account Number: _____

Service Address: _____

Daytime Phone: _____ E-mail address: _____

For Approval/ Denial Notification

This form is to request an allocation greater than the standard amount allocated for your home. If you believe you need an increased allocation based on the criteria listed below, you must complete and return this form. The **WaterSMART** Program is designed to serve as a tool to help you identify problems such as leaks or over watering. Using water efficiently helps you save money on your water bill and comply with the state mandate to reduce per capita water consumption by 20% by 2020. Adjustments may be approved for any of the following reasons and are subject to periodic review.

Additional landscape area:

(The landscaped area allocated to your property is shown on your water bill, located above the graph, on the top left).

Current Area _____ Sq Ft Additional Area Requested _____ Sq Ft

You must also submit a two (2) dimensional sketch. Show dimensions in feet and the total area in square feet. Include the surface area of pool and spa but **do not include hardscape area (i.e. driveways, patios) as part of the landscape total**. You may use the back of this form for your sketch. Additional information may be requested including a Residential Home Water Use Survey

Additional people in household:

Current (Default) Persons 4 Additional Person(s) Requested _____

When requesting this variance, **you must attach proof of permanent residency for each person in the household**. Proof may be children's birth certificates, school records, blank checks with preprinted name and address, copies of income tax returns, driver's license, lease agreements, written affidavit, etc. Additional information may be requested, including a Residential Home Water Use Survey at your home.

Other (Please describe):

There may be instances where an increased standard on a permanent or temporary basis may be appropriate. If you believe that is the case, please provide the details below and attach any documentation you may have. Our Conservation Department will contact you regarding your request within 30 business days.

In most cases, if approved, variances will be applied starting with your next bill.

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.

Please return to:
Attn: Variance Request
SCVWA - Valencia Division
24631 Avenue Rockefeller
Valencia, CA 91355

Signature _____ Date _____

(Official Use Only)
Denied _____ Approved _____ Signature _____ Date _____