



# VARIANCE REQUEST FOR INCREASED WATER ALLOCATION

Name : \_\_\_\_\_ Account # \_\_\_\_\_

Service Address \_\_\_\_\_

This form is to request an allocation greater than the standard amount IRWD uses for your type of home. If you believe you need an increased allocation, based on the criteria listed below, you must complete and return this form. The allocation billing system is designed to serve as a tool to help you identify problems such as leaks or over-watering. Using water efficiently helps IRWD keep water rates low by reducing purchases of expensive water from outside the local area. Variances may be approved for any of the following reasons and are subject to periodic review by IRWD.

**I request an increased water allocation for the following reason(s):**

**“ Additional people in our home**

- Detached home with more than 4 permanent residents: Total number in household \_\_\_\_\_
- or Attached home with more than 3 permanent residents: Total number in household \_\_\_\_\_
- or Apartment with more than 2 permanent residents: Total number in household \_\_\_\_\_

**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, drivers license, lease agreements, etc. Increased allocations for additional occupants must be renewed annually. Forms will be mailed to you for this purpose.

**“ Additional landscape area**

- Detached home with more than 1300 square feet: Total number of square feet \_\_\_\_\_.
- or Attached home with more than 435 square feet: Total number of square feet \_\_\_\_\_.

**Submit landscape drawings or a sketch showing total square feet of the landscape.** 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 the sketch. Show dimensions in feet and the total area in square feet.

Is part of the landscape owned by the association, but your responsibility to water for fire control? Yes No

**“ Medical needs**

Include verifiable medical documentation.

**“ Licensed care facility (in a residential dwelling unit)**

Submit a copy of business license.

**“ Other**

There may be instances where an increased allocation is appropriate. If you believe that is the case, please contact our Customer Service Department at (949) 453-5300.

Variances will become effective on the date the Variance Request is received by the District.

I have completed this form and affirm that the information contained herein, **including attachments**, is complete and accurate. I further understand that all variances are subject to change based on future water conservation requirements.

Please return to:  
Attn: Customer Service Dept.  
Irvine Ranch Water District  
P.O. Box 57000  
Irvine, CA 92619-7000

\_\_\_\_\_  
Signature ( ) \_\_\_\_\_  
Daytime Phone # \_\_\_\_\_ Date \_\_\_\_\_

District Use Only  
Denied \_\_\_\_\_ Approved \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_