

# Laguna Beach County Water District

## Application for Review of Water Budget

This form is to request an increased water budget under the District's water budget-based tiered rate structure. If you believe you need an increased allocation based on the criteria listed below, please complete and return this form in its entirety. Variances may be approved for any of the following reasons and are subject to periodic review.

Name on Account: \_\_\_\_\_ Account Number: \_\_\_\_\_

Water Service Address: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**I request an increased water budget for the following reason(s). Check all that apply:**

- 1. More than three (3) Full-Time Residents in Household:** Total number of residents in household: \_\_\_\_\_ You may be required to submit documentation for each person to substantiate claim if necessary.
- 2. Licensed Child or Adult Day Care Facility (in a residential unit):** Number of persons currently cared for: \_\_\_\_\_  
Submit a copy of a valid Family Child Care Home or Adult Day Care license issued by the California Department of Social Services.
- 3. Irrigated Landscape Area Greater than District Estimate:** Total landscape area (sq.ft.) \_\_\_\_\_ Please submit a property sketch with dimensions on 8.5" x 11" paper.
- 4. Multiple parcels served by one meter:** Estimated total landscape area (sq.ft.) \_\_\_\_\_ List Parcel Numbers served by meter: \_\_\_\_\_
- 5. Pool Filled from Empty (One time adjustment calculated at the Tier 1 rate granted every 5 years):** Date Filled: \_\_\_\_\_  
Total Capacity of Pool (gallons): \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_ Average Depth: \_\_\_\_\_
- 6. Medical Needs:** Estimated gallons per day required: \_\_\_\_\_ (Please submit verifiable medical documentation.)
- 7. Historical Water Use used to Calculate my Water Budget has Changed:** (Applies only to Multi-family, Dual Use, Commercial/Industrial/Institutional Accounts. District staff will contact you within 15 business days.)
- 8. Other Circumstance:** There may be instances where an increased allocation may be appropriate. If you believe that is the case, please provide details in the space below and attach any available documentation. Use reverse side if necessary.  
\_\_\_\_\_

Once approved and processed, variances will be applied to future billings. You will be notified in writing or by phone if your request has been approved. Please allow 30 days to process your variance request. Unsigned applications are automatically denied.

**I declare, under penalty of perjury, that I am the above account holder and the information contained herein, including supporting documentation, is complete and accurate. I further understand that all variances are subject to verification and I may be liable for back charges if I provide incorrect information. Knowingly providing false or misleading information for purposes of receiving a variance may be subject to civil and criminal penalties.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail your completed application to: Atten: Water Budget Variance Request  
Laguna Beach County Water District  
P.O. Box987  
Laguna Beach CA, 92652

For District Use Only
Received _____
Date _____
Approve <input type="checkbox"/> Denied <input type="checkbox"/> Date _____
Additional units per billing period _____