



# Request for Increased Water Budget

File: 0541.33.11

## Residential

(Single family, Duplex, Triplex, Apartments, Mobile Home Parks)

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

Service Address: \_\_\_\_\_ Telephone#: \_\_\_\_\_

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

This form is to request a water budget greater than the standard amount CVWD uses for your type of home. If you believe you need an increased water budget, based on the criteria listed below, please complete and return this form. If you have submitted a request previously and there are no changes to the property, your request will not be processed. Please indicate changes clearly in the space below. If requesting appeal for multiple lots, please attach parcel merger documentation. Requests may be submitted for any of the following reasons.

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

1.  **Additional (if more than four) people in our home**(Apartments Excluded, skip to #2)

Total number of people in household: \_\_\_\_\_

*Attach proof of permanent residency for each person in the household.* Proof may be a driver's license, children's birth certificate, school records, income tax returns, blank checks with pre-printed name and address, lease agreements, etc.

2.  **Apartments**

Number of Units: \_\_\_\_\_ Meters Looped:  Yes  No

3.  **Mobile Home Park**

Number of Permanent Coaches: \_\_\_\_\_  Number of RV Spots: \_\_\_\_\_

4.  **Additional landscaped area:**

Home is in an HOA Name of HOA: \_\_\_\_\_

Total lot size (square feet)\_\_\_\_\_. Total landscaped area (square feet)\_\_\_\_\_.

*Submit a landscape drawing or a sketch showing total lot size and landscaped area.* 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 the sketch. Show dimensions in feet and the total area in square feet.

5.  **Other**

Please explain your circumstances in detail and the amount of additional water required.

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I have completed this form and affirm that the information, including attachments, is complete and accurate.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

|                               |                             |
|-------------------------------|-----------------------------|
| <u>District Use Only</u>      |                             |
| Staff: _____                  | Date: _____                 |
| Previous appeal filed? Yes/No | Eligible for appeal: Yes/No |
| DPS: Yes/No                   | WO Number: _____            |

|                        |  |
|------------------------|--|
| Please Return to:      |  |
| CVWD                   |  |
| Water Management Dept. |  |
| P.O Box 1058           |  |
| Coachella, Ca. 92236   |  |
| Fax: (760-391-9638     |  |

WS-105a (11/16)