Request for Water Budget ADJUSTMENT Residential Properties

Return by mail, email or fax
14205 Meridian Parkway
Riverside, CA 92518
adjustments@wmwd.com
Fax: 951.571.0591

Customer Name (as listed on water bill): _____

Water Service Account Number: _____

Water Service Street Address: _____

Water Service Zip Code: _____

Daytime Phone Number (8am to 5pm): _____

Please read *both* sides of this document and complete carefully.

This form must be completed and signed by the water service account holder. **Incomplete, incorrect or unsigned forms will be returned**. If the space provided on this form is not sufficient, please attach additional pages. Requests for water budget adjustments may take up to six weeks to be processed and applied to your account. Western will not make retroactive changes to water budgets nor reverse or credit penalties incurred during the processing period. All requests for water budget adjustments are subject to periodic review by Western, including after the request has been approved. You will be notified regarding the status of your request by U.S. mail or via email if you provide a valid email address in the space provided on page two of this form.

I, the above mentioned water service account holder, request an increased water budget for the above noted water service account number for the following reason(s):

Please indicate which reasons apply by marking the box on the left and then filling in details where required.

☐ **1. Residents per household.** Total number of residents: _____.
Additional documentation may be required to verify the request.

☐ **2. Number of homes serviced by a single water service.** Residential structures must be properly permitted by the city and/or county and must be permanently secured to the property. (Recreational vehicles and/or trailers will not be accepted as additional homes.)
Total number of homes on the property: (*Circle a single number*) ..... 1 2 3 Other____

☐ **3. Medical needs.** Additional water requested for prescribed medical equipment or other prescribed medical necessity. List the prescribed equipment and the additional gallons necessary per day, and attach verifiable medical documentation. This documentation does not need to state the medical reason for the increased budget. _____

_____

_____

_____

_____

☐ **4. Licensed child care or adult day care facility (in a single-family residential unit).**
Total number of children/adults:_____. *Please attach a copy of the applicable license, such as a valid family child care home license issued by the California Department of Social Services.*

☐ **5. Irrigated landscape or agricultural area.** An area measurement that is different from the value currently assigned to the property. This is not the property size, but rather the area being irrigated. Total irrigated area (landscape, garden, orchard, etc.) _____ square feet or _____ acres.

☐ **6. Existing swimming pool, spa or pond.**
Total surface area of:
Pool Spa Pond

☐ **7. Swimming pool maintenance (once every five years).** Date of pool refilling: _____
A one-time water budget increase of up to 20 billing units (14,960 gallons) will be added to the outdoor water budget during the billing period in which the pool was refilled, only if water use is in excess of the existing water budget for that billing period.

☐ **8. Horses.** Total number of horses: _____ . Subject to county maximum horses allowed per acre.
Total square feet of the barn, stable, corral and/or pasture where the horses are kept: _____ .

☐ **9. Other substantial needs for increased water budget.** _____

_____

_____

_____

There may be instances where an increased water budget, on a permanent or temporary basis, may be appropriate. If you believe this is the case, please provide specific details in the space provided above and attach supporting documentation, including an estimate of the required gallons per day. If you submit a request under item 9 above, you will be contacted regarding your request within four to six weeks. Please note that additional documentation and time may be required to process requests in this category.

I hereby represent and warrant that the information provided in this request is true and correct. I have completed this Request for Water Budget Adjustment form and affirm that I am the account holder and that the information contained herein, including all attachments, is complete and accurate. I further understand that all Water Budget Adjustments are subject to future review and auditing and that I may be liable for back charges for providing false information. Knowingly providing false or misleading information for purposes of receiving an adjustment may be subject to civil and criminal penalties.

_____
Signature of Account Holder Date

_____
Email Address (*if you would like a copy of this form returned*)

For District Use Only

District Tracking Information:	Date of Last Bill Read	Processed By
Date of Account Adjustment		
Additional District Notes:		