



**City of Corona
Department of Water and Power
Business / Industrial / Governmental Variance Request for Increased Water Budget**

Account Number: _____ Customer Number: _____

Business Name: _____ Contact Name: _____

Phone: _____ Fax: _____ Email: _____

Please indicate the best way to reach you: Phone Fax Email Mail

Service Address: _____

Type of Business: _____

This form is to request a water budget greater than the standard amount Corona DWP has assigned to your business. If you believe you need an increased water budget 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.

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

- 1. **Increased staff size.**
 Number of additional employees: _____
 Number of existing employees: _____
 Total number of employees: _____
- 2. **Increased building size.**
 Previous square feet: _____
 Additional square feet: _____
 Total square feet: _____
- 3. **Increase in number of plumbing fixtures.**
 Total new fixtures: _____
 Type of new fixtures: _____
- 4. **Irrigated landscape area greater than Corona DWP estimate.** Please submit a property sketch with dimensions on 8.5" x 11" paper.
 Corona's estimated landscape area (sq. ft.): _____ Total existing landscape area (sq. ft.): _____
- 5. **Other circumstances.** There may be instances where an increased budget on a permanent or temporary basis may be appropriate. If you believe that is the case, please provide the details in the space below including a start and end date, and repair date and attach any documentation (receipts for parts purchased/invoices) you may have.
 Estimated gallons per day required: _____

I declare under penalty of perjury that that I am authorized to submit this variance request form for the above identified business and that the information provided in this application is true and correct. I further understand that: (i) all variances are subject to verification; (ii) the City may request additional information and/or inspection of the interior and exterior of the premises; and (iii) I may be liable for back charges if I provide incorrect information.

If approved and processed, the variance will be applied to water served and billed in the following month billing. You will be notified in writing or by phone if your request has been approved.

Signature: _____ Date: _____

Title: _____

Mail, e-mail or fax your completed application to:
 City of Corona, Customer Care
 P.O. Box 950, Corona, CA 92878-0950
 E-mail: CustomerCare@discovercorona.com
 Fax: (951) 736-2455
 Phone: (951) 736-2321

| For Office Use Only: | | | | | |
|----------------------|------------|-------------------|------------|--|--|
| Received _____ | Date _____ | Start Date _____ | | | |
| Approved _____ | Date _____ | Audit/ | | | |
| | | Scan/Attach _____ | Date _____ | | |