



**City of Corona
Department of Water and Power
Multi-Family Variance Request for Increased Water Budget**

Account Number: _____ Customer Number: _____
 Name on Account: _____ Phone: _____
 Email Address: _____ Preferred Method of Contact: Email Mail Phone
 Service Address: _____

This form is to request a water budget greater than the standard amount Corona DWP uses. 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.

An increased water budget is requested for the following reason(s). Check all that apply:

More than 2 full-time residents in each unit. You will be required to renew this request every 5 years.

Customer Number	Account Number	Address	# of Units	# of People per Unit	Total # of People

Irrigated landscape area greater than Corona DWP estimate. Please submit a property sketch with detailed dimensions on 8.5" x 11" paper.

Corona's estimated landscape area (sq. ft.): _____ Total existing landscape area (sq. ft.): _____

Pool filled from empty. A one-time adjustment calculated at the outdoor rate will be granted no more than once every 5 years for routine maintenance. If the pool is required to be drained to repair a leak or damage, please provide a copy of the invoice for work performed with this request.

Anticipated date to be filled: _____ Total capacity of pool (gallons): _____
 Length: _____ Width: _____ Depth at deep end: _____ Depth at shallow end: _____

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.

If approved and processed, the variance will be applied to future billings. You will be notified in writing or by phone if your request has been approved.

I declare under penalty of perjury that the information provided in this application is true and correct. 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.

Account Holder's Signature: _____ Date: _____

Mail or fax your completed application to:
 City of Corona, Utility Billing Division
 P.O. Box 950, Corona, CA 92878-0950
 Fax: (951) 736-2455
 Phone: (951) 736-2321

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