

Water Budget Adjustment Request



Name _____ Customer/Account # _____

Service Address _____

The purpose of this form is to request a water budget adjustment. An adjustment is an allocation of water greater than what has been calculated for your property. If you require an adjustment based on the criteria below, please complete and return this form. Adjustments are subject to review by Las Virgenes Municipal Water District.

I request an adjustment for the following reason(s):

Change number of people in our home

Total number of permanent residents _____ (Default is 3 residents per household)

Permanent residents are considered to be someone living at the residence for a minimum of 3 months.

Medical Needs

Attach a doctor's note stating condition requires additional water usage. If possible, an estimate of the gallons per day needed.

Horses/Livestock

Provide a list of the type and quantity of each type of livestock that requires additional water. A site visit may be required for verification.

Licensed Care Facility (in a residential dwelling unit)

Submit a copy of the business license.

Change in landscape area

If changes have been made to the landscape area at your property, please provide landscape drawings or a sketch showing the total square footage of landscape area; include the surface area of a pool or spa. Record the dimension in feet and the total area in square feet. House and hardscape should not be included.

Adjustments are effective the date the request is received by the District.

I affirm that the information contained herein, including the attachments, is complete and accurate. I understand that all adjustments are subject to change based on future water conservation requirements.

Signature _____ Phone _____ Date _____

Please return to: LAS VIRGENES MUNICIPAL WATER DISTRICT 4232 Las Virgenes Rd., Calabasas, CA 91302

District Use Only
Approved _____ Denied _____ Signature _____ Date _____