



Request for Water Budget Adjustment

Customer/Account Number: _____ Date: _____

Name of Applicant: _____

Water Service Address: _____

Phone: _____ Email: _____

Please check reason(s) for an adjustment request.

Residential Customers

- ____ Single family residence (more than 4 "permanent" residents)
(Names and ages can be written on back of this form)
- ____ Multi-family residence (more than 3 "permanent" residents)
(Names and ages can be written on back of this form)
- ____ Medical needs (please include letter from physician or health care provider)
- ____ Licensed care facility (provide copy of Business License or other documentation)
- ____ Livestock (specify type and quantity)

Commercial

____ Change of use at property location

Other

There may be instances where an increased budget is appropriate. If you believe that this is the case, please explain reason for requesting an increased budget:

I certify under penalty of perjury that to the best of my knowledge the above information is true. I agree to inform the District within 10 days of any change in the circumstances which may result in an adjustment for this property. I understand that if this information is found to be erroneous, all water used at the property may be re-billed at the highest excess water use rate. I further understand that all adjustments granted are subject to change based on future, more stringent water conservation requirements.

All of the information provided in the adjustment application is subject to audit. Should an audit be necessary, the applicant may need to provide additional documentation, or access to the property.

Signature of Applicant _____ Date _____

Las Virgenes Municipal Water District will contact you regarding the outcome of the adjustment application. If you are billed during the time between your submitted application and the decision, your next bill may be adjusted accordingly. If the adjustment is approved, it becomes effective from the date the District received the application form.

For Office Use - General Manager	Account Type _____
Number of people approved _____	Medical needs approved _____
Licensed care facility approved _____	Livestock approved _____
Commercial – change of use _____	Other approved _____
Application Declined _____ Notes _____	