



**City of Corona
Utilities Department**

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 UD 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 UD 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@CoronaCA.gov
Fax: (951) 736-2455
Phone: (951) 736-2321

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