



City of Corona
Utilities Department
Residential Variance Request for Increased Water Budget

Account Number: _____ Customer Number: _____
Name of Account Holder: _____ Phone: _____
Email: _____ Preferred Method of Contact: [] Email [] Mail [] Phone
Service Address: _____

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

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

- 1. More than 4 full-time residents in the household. Number of persons in the household: _____
Please provide the first and last names, relationship, and birth date of each resident in the household. You may be required to submit documentation for each person to substantiate the claim if necessary. For households with more than 8 full-time residents, please attach another sheet with the name, relationship and birth date listed. You will be required to renew this request every 5 years.

Table with 6 columns: First and Last Name, Relationship, Birth Date, First and Last Name, Relationship, Birth Date. Rows 1-8.

- 2. Licensed Child or Adult Day Care Facility (in a residential unit). Number of persons currently cared for: _____ Please submit a copy of a valid Family Child Care Home license or Adult Day Care license issued by the California Department of Social Services. You will be required to renew this request every 5 years. License #: _____ Business License #: _____
3. 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.): _____
4. Pool filled from empty. Anticipated date to be filled: _____ Total capacity of pool (gallons): _____ Length: _____ Width: _____ Depth at deep end: _____ Depth at shallow end: _____ A one-time adjustment calculated at the outdoor rate 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.
5. Medical needs. Estimated gallons per day required: _____ Please submit verifiable medical documentation. This documentation does not need to state the medical reason for the increased budget. You will be required to renew this request every 5 years.
6. 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, variances 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 _____ Date _____