

# COVID-19 VARIANCE REQUEST FOR TEMPORARY WATER BUDGET INCREASE



Account holder name: \_\_\_\_\_ Account #: \_\_\_\_\_

Service address: \_\_\_\_\_

The purpose of this form is to request a temporary variance for an increased water budget in response to the COVID-19 coronavirus. A variance provides a water budget greater than the standard amount IRWD uses for your type of home. If you require a variance, please complete and return this form via email to **CustomerService@IRWD.com**. Please use **"COVID-19 variance"** as your subject line.

**IMPORTANT! This is a temporary variance for additional people in your home in response to COVID-19.**

All requested information must be completed. Variances are subject to periodic review by IRWD.

### What type of home do you have?

Single-family detached       Attached home or condo       Apartment

Total number of people in your home, including temporary residents \_\_\_\_\_

### RESIDENTS' NAMES

Please list full names of each person in the household (including the account holder)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**This temporary variance is effective on the date the request is received by IRWD  
and will expire on Sept. 30, 2020.**

IRWD will monitor developments related to COVID-19 and may extend this date. IRWD will update you in advance of expiration. At this time, proof of residency is not required.

*I affirm that this information is complete and accurate.*

*I understand that all variances are subject to change based on future water conservation requirements.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

#### District Use Only

Approved       Denied      Signature \_\_\_\_\_      Date \_\_\_\_\_