



Requestor Information

Name of Person Requesting Variance: _____

Address for Variance: _____

Mailing Address: _____

Telephone No.: _____

Variance Requested

___ Change in watering day(s) to: _____

___ Change in watering time(s) to: _____

___ Other: _____

Effective Date: _____ Ending Date: _____

Reason for Variance (please explain)

Please provide proof to support your explanation above. Please allow up to ten (10) days for variance consideration.

Signature: _____ Date: _____

OFFICE USE ONLY: ___ APPROVED ___ NOT APPROVED

CONDITIONS OF VARIANCE: _____

EFFECTIVE DATE: _____ ENDING DATE: _____

BY: _____ DATE: _____