

Catalina Island Variance Request Form

Customer Name:	
Service Account Number:	
Service Address:	
Service Address:	
Service Address:	
Mailing Address:	
Mailing Address:	
Mailing Address:	
Best Contact Phone Number:	()

This form is part of your request for a variance from your monthly water allotment. Based on the criteria listed below, if you believe your allotment as stated in this letter will be insufficient to meet your needs; you must complete and return this form. If granted, the variance will apply to the billing cycle immediately following its approval.

Responses to Declaration Forms and Variance Requests may take up to four weeks from the date they are received. Variances may be approved for any of the listed reasons, and are subject to periodic review by Southern California Edison. Due to the severity of this water emergency, there is no guarantee that a customer will be granted a variance.

Section B: Request for Allotment Variance

After initialing above that each Required Conservation Measure has been implemented where applicable (Section A; Water Use Questionnaire), please specify the reason for the requested variance to your allotment. Check all relevant boxes and provide written explanation and documentation.

- **New Residence–Existing Home:** I request a variance because I moved to this home after June 2012, and the allotment, which is based on water use (by previous owners) between June 2012 and May 2013, is not sufficient.

Documentation for number of occupants is required.

- Move-in date: Month _____ Year _____.
- Total number of occupants currently living in home: _____.

- **Increase in Occupancy:** I request a variance due to an increase in the number of people permanently residing in the home since June 2012.

Please submit written documentation verifying the total number of people currently living at the residence along with this form.

Acceptable proof of occupancy includes copies of: utility bills, lease agreement with names of occupants, etc. Do not send originals, as they cannot be returned.

- Total number of occupants currently living in home: _____.

- **Medical Requirements:**

When did increased water use due to medical condition begin?

- Month _____ Year _____.

- **Doctor's Letter:** A letter from the doctor named below, on the doctor's professional letterhead, must be submitted in addition to this form. The letter (an example follows) must specify the amount of additional water required for medical purposes each week and should include the period of time this additional water will be required.

The following person(s), _____, residing at the address listed above, has/have a medical condition(s) that require(s) the use of _____ gallons of water per week above and beyond regular water usage. If this is a temporary condition, please indicate the final date through which the additional water usage will be required: _____ (month and year).

Name of Medical Doctor: _____ Telephone: _____

- **Other:** There may be instances where an increased allotment is appropriate. If you believe that is the case, please complete this form with an attached letter explaining your circumstances and return to Southern California Edison.

I have completed this form and affirm that the information contained herein is complete and accurate. I further understand that all variances are subject to change based on future water conservation requirements.

Customer Signature _____ Date _____

Please complete, sign and return this form in the envelope provided to:

Allotment Variance Request
Southern California Edison
P.O Box 527
Avalon, CA 90704