Sweetwater Authority

REQUEST FOR TARGET WATER ALLOCATION ADJUSTMENT

ACCOUNT NUMBER	ACCOUNT TYPE *(select one)* ☐Residential ☐Commercial ☐Other *(landscape, fire, etc.)*	DATE
ACCOUNT SERVICE ADDRESS		
CITY	STATE	ZIP CODE

I request a Target Water Allocation Adjustment. My reasons are:

☐Change of Ownership since the water use base period (2013)

☐Medical – *Attach a note from the medical provider stating the condition which requires additional water use.*

☐Business use of residence – *Attach a copy of the business license.*

☐Additional landscaped area installed since the water use base period (2013)

_____ Amount of soft landscape area (soft landscape is plant material, mulch etc.)
(square feet)

☐Additional people living in the house since the water use base period (2013)

_____ people are currently living at this property
(number)

☐Additional animals since the water use base period (2013)

_____ of _____ current live at this property
(number) *(type: such as dogs, horses, etc.)*

☐Other *(please describe the reason an adjustment is being requested)*

_____

_____

_____

REQUESTED ADJUSTMENT AMOUNT *(Adjustments will be made to the nearest whole billing unit. One unit is 748 gallon.)*

REQUESTOR NAME *(First, Last)*			NAME OF ACCOUNT HOLDER *(if different from requestor.)* *(First, Last)*		
MAILING ADDRESS *(if different from account service address)*			MAILING ADDRESS *(if different from account service address)*		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
TELEPHONE NUMBER *(Include area code)*			TELEPHONE NUMBER *(Include area code)*		
EMAIL			EMAIL		
All requests for adjustment must be signed by the account holder			ACCOUNT HOLDER SIGNATURE		

If Approved:

1. A preliminary allocation adjustment will be calculated for your property and provided within 15 calendar days.
2. Appeals to the preliminary adjustment must be received within 15 calendar days or the preliminary adjustment becomes final.
3. Allocation adjustments are effective from the date the request is received by Sweetwater Authority, are valid for 12 months, and must be renewed annually to remain in effect.

If Denied: An appeal request may be made in writing to the General Manager. Appeal request must be received within 15 calendar days of the date of the denial letter.

For internal use only		
Preliminary ☐ Approved ☐ Denied	☐ Appeal received _____ (date) ☐ Appeal considered _____ (date)	Final ☐ Approved ☐ Denied