



CONTRA COSTA WATER DISTRICT Exceptions Request

Exceptions take effect
on the day
they are approved.

Use this form to describe circumstances that have changed from the historical base usage period of 2005 - 2007

I. Account Number or Service Address: _____

Name: _____ E-mail: _____

Daytime Phone: _____ Evening Phone: _____

Mailing Address (if different from service address):

Street: _____ City: _____ Zip: _____

II. Residential Account - Check box which applies:

Additional number of people living in home full time after 2007: _____
(30 gpd for each additional household member not present during 2005-2007)

Medical – state medical condition and how additional water will be used for this treatment:

Other – describe:

III. Non-Residential Account – Check box which applies:

Unnecessary and undue hardship, including but not limited to adverse economic impacts such as loss of production, loss of jobs, etc. Please provide explanation:

Emergency condition affecting the health, sanitation, fire protection, or safety of the customer or the public. Please provide explanation:

IV. Print Name: _____ **Signature:** _____ **Date:** _____

V. Mail Exceptions Request to: Contra Costa Water District
Water Savings Program
P.O. Box H20
Concord, CA 94524

CCWD office use only				
Circle one:	Total gpd	CS Supervisor	Approval signature	Date customer notified
Approved / Not Approved				