

The above exception was: \square Approved

Application for Exception to Stage III Water Use Restrictions

Instructions: Complete and return this form and supporting documentation to the Goleta Water District, ATTN: Water Supply and Conservation Department, 4699 Hollister Ave., Goleta, CA 93110, or email to conservation@goletawater.com. The applicant will be notified of the exception determination in writing within 14 business days.

Applicant Information	
Applicant Name:	Company:
Customer ID (as shown on billing invoice):	
Account Holder Name (if different):	
Service Address:	
Mailing Address (if different):	
Email Address:	Telephone Number:
From which of the following restrictions are you	u seeking an exception?
Assigned watering days	Washing down buildings or other structures
Watering times	Outdoor fountains and water features
Hosing down hard or paved surfaces	
Other:	
Requested alternative: Reason for exception: State the reason the exception is needed (be specific). Provide any supporting documentation or substantial evidence demonstrating the need for an exception, such as a doctor's note.	
Length of time exception is needed:	
For Office Use Only	

☐ Denied (see reverse)

Date:

For Office Use Only The General Manager (or designee) hereby approves this exception due to the following circumstance: ☐ Failure to grant exception would cause a condition affecting the health, sanitation, fire protection, or safety of the applicant or public. ☐ Alternate restrictions which achieve the same level of demand reduction as the restrictions from which an exception is requested are available and are binding and enforceable (state alternate restriction below). ☐ The water is needed to establish new landscaping (state effective period of exception below). ☐ The customer demonstrates the inability to irrigate within the prescribed times or days (identify alternate schedule below; alternate schedule shall not increase the maximum days allowed for watering). ☐ Other (describe): ☐ APPROVED Date exception expires (if applicable): _____ Conditions of approval (alternate restriction(s), alternate watering schedule, etc.): ☐ DENIED Reason for denial: _____ Date: _____ Approved by: _____ (General Manager/Designee Signature) ☐ Letter sent Date: _____