



Water Budget Adjustment Request Form

Montecito Water District
583 San Ysidro Road
Santa Barbara, CA 93108
(805) 969-2271
www.montecitowater.com

Account Number (as listed on water bill) _____

Name on Account _____

Service Address _____

Phone Number _____ Email Address _____

To apply for a Water Budget Adjustment, select the requested adjustments by marking the box on the left, then provide correct details as indicated. Submit to the Montecito Water District at the above address or by email to info@montecitowater.com

1. Occupants: _____ (provide corrected number)
Total number of residents living on property differs from value currently assigned.

2. Irrigated Landscape Area. Turf Area = _____ square feet or acres
Orchard Area = _____ square feet or acres
Other Plants Irrigated Area = _____ square feet or acres

This is the total irrigated area for the property for each category of plants (turf, orchard, other).

3. Existing Swimming Pool or Pond, Surface Area: _____ square feet or acres

4. Medical Necessity, Additional Water Requested: _____ gallons or HCF
Additional water requested for prescribed medical equipment or other prescribed medical necessity.

5. Licensed Care Facility (i.e. child day care or adult care in a residential unit).
Average Continuous Occupants on a Monthly Basis: _____ (Number of persons)

I declare that I am the legal owner of the property identified above. The matters stated are true and based on my own knowledge, except as to those matters which are stated on information and belief, and as to those matters, I believe them to be true.

Name of Account Holder

Signature of Account Holder

Date

FOR OFFICE USE ONLY	
Date Received: _____	Reviewed By: _____
Approved Adjustments: _____	
Date of Incode Adjustment: _____	
Comments: _____	