

☐ Unrepaired Plumbing Leak 7511.1c.5 LMC

7511.1c.7 LMC.6 LMC

☐ Improper Irrigation 7511.1c Water Run-off

## City of Lakewood Department of Water Resources Request for Exemption from Water Use Restrictions

ACCOUNT #:			DATE:
NAME:			
TELEPHONE:		DAY	EVENING
SERVICE ADDRESS			
BILLING ADDRESS:	Street	City	Zip Code
	Street	City	Zip Code
91-3. No relief shordinance, proof the water use rest water conservation  The customer shawater Resources of the decision of the (30) days after received.	all be granted without at alternative conservations would provid. Commercial custor all complete this form CES, 5050 N. Clark shall be rendered with the conservation of the complete the complete this form CES, 5050 N. Clark shall be rendered with the conservation of	ut proof of reaservation measured le substantial hamers must submin and return it a Avenue, Lakethin fifteen (15) Resources may	
I am requesting an	exemption from the	above mentione	ed water use restriction(s) for the following reason(s):
Type of exemption restrictions:	n from improper		I am requesting an exemption from the above mentioned water use restriction(s) for the following reason(s):
☐ Washing Down D	riveway 7511.1c.1 LN	ИC	☐ In the process of testing, adjusting or repairing sprinklers.
☐ Washing Down Si	dewalk 7511.1c.1 LN	//C	Health condition that limits ability to conform to water use restrictions. (Please attach a statement from a physician.)
☐ Washing Down Pa	arking Lots 7511.1c.1	1 LMC	☐ Hosing new paved surface for the purpose of curing for up to one month after paving.
☐ Washing Down Bi☐ Washing Down Si☐ Washing Vehicl 7511.1c.2 LMC	treets and Gutters 75	511.1c.1 LMC	<ul> <li>☐ Hosing hardscape due to unsanitary condition.</li> <li>☐ Dust control due to construction.</li> <li>☐ Public health and safety.</li> </ul>
☐ Washing Equipr 7511.1c.2 LMC	nent without Shut	Off Valve	☐ Police, fire or other similar emergency service.
☐ Non-recirculating	Fountains 7511 1c 3	LMC	□ Other:

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Explanation. Please explain the circumstances presen Water Use" and any other relevant information that wou additional sheets if necessary.):	t at the time you received the "Notice of Improper ald facilitate the processing of this appeal. (Attach
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-	_
I certify that the information contained in this appeal is co	emplete and accurate to the best of my knowledge.
Signature of Customer	Date
LAKEWOOD DEPARTMENTOF WA Notice of Improper W	
Approval Date:	
Denied Date:	
Authorized Personnel:	
Name	Title