

EXCEPTION APPLICATION Compliance Review

Water Company (check one)

Muni SJ Water Great Oaks

Applicant Information

Applicant NAME _____ Title _____

COMPANY _____

Mailing ADDRESS _____ City _____ Zip _____

TELEPHONE _____ FAX _____

Hydrant Water Use Information

Location of Project (water use) _____

Project Name _____

Distance from nearest Reclaimed Water Fill Location? > 3 miles < 3 miles (circle one)

Have you Applied for Reclaimed Water? (select one)

If NO and project is within 3 miles of a RCW Fill Location, please state why you cannot use reclaimed water:

Term for water use: 6 months 12 months Other _____ (check one)

Comments _____

SIGNATURE of APPLICANT _____ Date _____

Office Use Only

Hydrant Water Use: APPROVED DENIED (circle one)

Term of Approval: From _____ To _____

Department of Public Works

Signature of APPROVAL _____ (Title) _____

(Division) _____ (Date)

FEE PAID: Yes No at Muni Water (circle one)

Check # _____ Receipt # _____

NOTICE regarding WATER SHORTAGE MEASURES
If the City Council declares a thirty percent (30%) water shortage,
This Director approved "Exception" and hydrant water usage will be void and re-application will be required.