



CITY OF MARTINEZ Exceptions Request

I. Account Number or Service Address: _____

Name: _____

E-mail: _____

Daytime Phone: _____

Evening Phone: _____

Mailing Address (if different from service address):

Street: _____

City: _____

Zip: _____

Resolution 044-09: Section 9 Exceptions - Check box which applies:

Please describe the significant difference from 2005, 2006, and 2007 water usage.

Single family residential: Number of people living in home full-time____.
Number of people historically living in home in 2005 ____ 2006____ 2007_____.

Medical – state medical condition and how additional water will be used for this treatment:
(Please submit physician’s verification with this form) _____

Other – describe: (ex: livestock) _____

Mandated allocation would cause an unnecessary and undue hardship to the applicant or business, including but not limited to adverse economic impacts such as loss of production, loss of jobs, etc.
Please provide an explanation:

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

YOU WILL BE NOTIFIED WITHIN 2-3 WEEKS IF YOUR EXCEPTION HAS BEEN APPROVED OR DENIED.

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

V. Mail Exceptions Request to:

City of Martinez
Water Appeals Program
525 Henrietta St.
Martinez, CA 94553
(925) 372-3591

City of Martinez office use only.			Date Received	Entered:
Circle one:	Total gpd	Add'l gpd	Approval signature	Date customer notified
Approved / Not Approved				
Date Finance Notified:			Added to Exceptions List →	