

**CLEAR CREEK COMMUNITY SERVICES DISTRICT**  
**Variance from Water Restrictions**

**CUSTOMER NAME:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

Requested additional water (In HCF) \_\_\_\_\_

**REASON FOR VARIANCE REQUEST**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach additional evidence to demonstrate need including: business records, supply contracts  
photographs, demonstration of water conservation (no lawn, pool, pond, etc.)

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**CLEAR CREEK COMMUNITY SERVICES DISTRICT USE ONLY**

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_