



Indoor Water Budget Adjustment Application

Account Number (located on the top of your bill): _____

Customer Name: _____

Water Service Address: _____

Phone:(_____) _____ **Email:** _____

Please check reason(s) for adjustment and refer to back of this form for important information.

- Number of People in Household:** _____ people
- Licensed In-Home Childcare or Eldercare Facility – Number of Children Or Elders:** _____
- Other (please list/medical needs, etc):** _____

Read the back of this form before signing.

By signing below I certify that to the best of my knowledge the above information is true and accurate and I agree to abide by the terms and conditions as stated on the reverse of this form. I also understand that the information provided on this application may be subject to verification.

Signature of Customer: _____ **Date:** _____

If your requested adjustment is approved, it will become effective the date the Water Company received the application form.

Please return to:	H&R Waterworks, Inc. Attn: Water Budget PO Box 1 East Olympia, WA 98540
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For Office Use Only:

of People: Denied _____ Approved _____ # of People _____

Care Facility: Approved _____

Medical: Approved _____

Signature: _____ Date: _____

H&R Waterworks Staff

Please read the following and include the appropriate documentation as listed below, if requested:

- **Number of People in Household** – Water budgets for single-family residential customers are calculated assuming three people per household. If you have more than three people living in your household **year round** you can apply for an adjustment. Customers will receive an additional 1,000 gallons/person/month for each additional person. Please include only the number of people living in the household on a full time year round basis. This type of adjustment expires two years from the adjustment approval date.
- **Licensed In-Home Childcare or Eldercare Facility**
If a residential dwelling is being used as a licensed childcare or eldercare facility, please include a copy of your business license along with the number of children or elders being cared for at your facility. Customers will receive an additional 500 gallons/child/month and 1,000 gallons/adult/month. This type of adjustment expires one year from the adjustment approval date.
- **Medical Needs**
Please provide verification from your healthcare provider. All medical information will be kept confidential. This type of adjustment expires two years from the approval date.

Before submitting the application, please read the following and attest acceptance and understanding of the following:

- **Information contained in this form is subject to an audit** (with up to 10% of all adjustment applications being audited automatically once a year). **Should an audit be performed for the residence on the reverse of this form, the applicant agrees to provide acceptable documentation of the actual household population** . Such acceptable documentation may include, but is not limited to: a redacted copy of first page of Federal 1040 tax form which identifies number of exemptions claimed and the name/address of the taxpayer, or other documents issued by a state or federal organization. **WE DO NOT WANT ANY PERSONAL FINANCIAL INFORMATION**. Properties that receive an adjustment for In-Home Childcare or Eldercare are also subject to an inspection.
- If any of the information supplied in the application by the applicant is found to be false, and/or proper documentation cannot be provided at the time of an audit, the account will be adjusted retroactively to the date of this application and appropriate fees and charges may be added to the next water service bill for the address.

I have read and understand these requirements and agree to abide by same and to notify H&R Waterworks of any change in the number of people living in our residence.