

City of New Summerfield Water Allocation Form

Name: _____ Account# _____

Service address: _____

This form is to request an allocation greater than the standard amount the City of New Summerfield uses for a single-family type of home. If you believe you need an increased allocation, based on the criteria listed below, you must complete and return this form. The allocation system is designed to serve as a tool to help protect City of New Summerfield residents in the case of a water shortage event. Using water efficiently helps the City of New Summerfield keep water rates low. Variances may be approved for any of the following reasons and are subject to periodic review by the City of New Summerfield.

I request an increased water allocation for the following reason(s):

1) Additional people in home

- Total number in household _____

Attach proof of permanent residency for each person in the household. Proof may be children's birth certificates, school records, blank checks with preprinted name and address, copies of income tax returns, driver's license, lease agreements, etc.

2) Food Service Establishment/Provider

3) Medical needs

Include verifiable medical documentation.

4) Licensed care facility (in a residential dwelling unit)

Submit a copy of business license.

5) Other

There may be instances where an increased allocation is appropriate. If you believe that is the case, please contact the City of New Summerfield at (903) 726-3651 / press 1 for Utility Clerk.

Variances will become effective on the date the variance request is received by the District.

**Please return to:
Attn: Utility Clerk
City of New Summerfield
P.O. Box 38
New Summerfield, TX 75780-0038**

I have completed this form and affirm that the information contained herein, including attachments, is complete and accurate. I further understand that all variances are subject to change based on future water conservation requirements.

Signature

(_____)_____
Daytime Phone #

Date

Office Use Only:

Denied _____ Approved _____ Signature _____ Date _____