



CITY OF MOSCOW WATER DEPARTMENT

201N Main St. Moscow, Idaho 83843
FAX (208) 883-7113

Phone (208) 882-3122
TDD (208) 883 -7019

Water Conservation Ordinance Variance Application

Name: _____ Phone Number: _____

Address: _____ Date: _____

Email: _____ (we can email completed form to you)

Reason for Request: _____

Dates of Request: _____ to _____

Total Number of Days Requested: _____

Hours During Day Requested to Water: _____ to _____

By signing this document I agree to the terms of this variance and realize that failure to adhere to the above conditions may result in revocation of this variance.

Applicant Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE ** FOR OFFICE USE ONLY **

Approved as Requested

Approved with the Following Terms:

Dates: _____ to _____

Time of Day: _____ to _____

Other Conditions: _____

Disapproved

Reason for Disapproval: _____

Public Works Director: _____

Date: _____

Nichole Baker, Conservation Specialist:
nbaker@ci.moscow.id.us

Date: _____