



City of San Marcos Request for Variance Watering Day

Customer Name: _____

Water Account Number: _____

Water Service Address: _____

Mailing Address (if different): _____

City, State, Zip: _____

Phone: _____ **Email:** _____

My designated week day based on my street number is: _____

I wish to replace my designated week day with this day: _____

As per City Code Section 86.064-1, I request to replace my designated week day with the alternative day designated above. I understand that all other drought rules still apply. This notice will become effective upon receipt by the City of San Marcos, and will expire one year from the date of this request or upon a change of occupancy at this address.

Signature: _____ **Date:** _____

Please Remit Completed and Signed Form To:

City of San Marcos

Public Services Department

Attn: Conservation Coordinator

630 East Hopkins

San Marcos, TX 78666

Fax 512.392.2625

jklein@sanmarcostx.gov

City Use Only:

Date Received: _____ **Received By:** _____ **Entered:** _____ **Expiration Date:** _____