

**Elsinore Valley Municipal Water District  
Standby Exemption Application Form**

Please complete this form and mail to P.O. Box 3000 Lake Elsinore CA 92531 or email to Standby@evmwd.net

<b>Mailing Address:</b> <hr/> <p align="center">Name</p> <hr/> <p align="center">Street Address</p> <hr/> <p align="center">City, State, Zip</p>	<b>Home Phone:</b> (    )    -    _____ <b>Business Phone:</b> (    )    -    _____ <b>Fax:</b> (    )    -    _____ <b>Email:</b> _____	<p align="center"><u>EVMWD Use only</u></p> Yes <input type="checkbox"/> No <input type="checkbox"/> Regional                  Southern Water                      Canyon Lake _____ Engineering Manager _____ Accounting Manager
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**LIST PARCEL NUMBERS**


I / (we) owners of the above property (ies), do hereby apply for exemption for the following reason(s):

**No Benefit** - Property(ies) will not derive a benefit now or in the future from the projects to which the proceeds of the standby charges will be applied. Attach a separate page in order to describe the reason for each property if different. (Provide information or copies of documents, if available, to demonstrate that property(ies) will not benefit).


**Easement** - Property(ies) has/have been legally designated as an ingress/egress easement. (Provide information or copies of documents to support this request)


**Other** - Please describe and provide enough information or copies of documents, if available, to demonstrate that property(ies) will not benefit. Attach a separate page in order to describe reason for each property(ies) different.


**Signatures:**

_____ Owner 1 (Print name and sign)	Date: _____
_____ Owner 2 (Print name and sign)	Date: _____

*I/(we), as owners of the above property(ies), acknowledge that if the request for exemption is approved, I/(we) will be required to execute the attached Exemption Agreement with Elsinore Valley Municipal Water District*