

West Iredell Water Company  
Variance Request Form  
Water Shortage Response Plan

**Person Submitting Variance Request**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ (home)

\_\_\_\_\_ (cell)

E-mail address \_\_\_\_\_

**Specific Reason(s) for Variance Request**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Do you wish to attend the Board of Directors Meeting to present this  
Variance Request? \_\_\_Yes \_\_\_No

This signed Variance Request Form must be submitted to the West Iredell Water Company General Manager at least three (3) working days prior to the scheduled monthly Board of Directors Meeting which is scheduled for the third Tuesday of each month.