



# Golden State Water Company

## Request for Allocation Adjustment

**I. Account Number or Service Address:** \_\_\_\_\_  
 Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 Mailing Address: *(if different from service address):* \_\_\_\_\_

**II. Residential Account-Check box which applies:**

Ila:  Number of people living in home full time: \_\_\_\_\_ single family residential  
 Number of people living in home full time 2005: \_\_\_\_\_ 2006: \_\_\_\_\_ 2007: \_\_\_\_\_  
 Iib:  Medical: state medical condition and how additional water will be used for this treatment:  
*(Please submit physician's verification with this form)*

\_\_\_\_\_

\_\_\_\_\_

Iic:  Other – Please Describe *(May require a water efficiency audit)*

\_\_\_\_\_

\_\_\_\_\_

**III. Non-Residential Account-Check box which applies:**

IIIa:  Unnecessary and undue hardship, including but not limited to adverse economic impacts such as loss of production, loss of jobs, etc. Please provide explanation: *(May require a water efficiency audit)*

\_\_\_\_\_

\_\_\_\_\_

IIIb:  Emergency condition affecting the health, sanitation, safety of the customer or the public.  
 Please provide explanation:

\_\_\_\_\_

\_\_\_\_\_

*Please note: The approval of the Request for Allocation Adjustment does not constitute a release from observing conservation in your home. Premium charges can be incurred if you exceed your water allocation.*

Please return to:  
 Customer Service Center  
 Golden State Water Company  
 PO Box 9016  
 San Dimas, CA 91773-9016

I have completed this form and affirm that I am the above account holder and the information contained herein, including attachments, is complete and accurate. I further understand that all variances are subject to change and I may be liable for back charges for providing false information.

**IV. Print Name:** \_\_\_\_\_ **Signature** \_\_\_\_\_

GSWC Office Use Only					
Approved/Denied		CSA Supervisor		Application Recd	
Allocation Increase (ccf per month)		Signature		Application	
Customer Notified		Signature Date		Application Returned from CSA	

**\*\*Please allow up to 30 days for processing**