



PARK CITY MUNICIPAL CORPORATION
WATER DEPARTMENT
P.O. BOX 1480
PARK CITY, UT. 84060
FAX: 435-615-4904

Water Exception Request

Name: _____

Physical Address: _____

Billing Account #: _____

Telephone Number: () _____

Email Address: _____

Days requested for watering during the week: _____

Number of cycles between 10:00am & 7:00pm: _____

Cycle Time: _____

Reason(s) for requesting an exception: _____

Specific area for exception – attach sketch of landscape: _____

Water Conservation Manager: _____

Date: _____

Approved: _____

Not Approved: _____

Expiration Date: _____