

The Woodlands Joint Powers Agency Variance Request

Requested start date: _____

Name of resident/property owner/property management/ _____

Property Address _____

Account Holder Address _____

Primary Contact _____ Phone _____ Email _____

Property Name (if applicable) _____ Organization _____

Property Manager/Contact _____

Reason for variance request _____

Specific Policy Modifications Requested _____

I acknowledge that the above information is correct. I understand that this variance request does not exempt the applicant or the property owner/manager from complying with the provisions of The Woodlands Defined Irrigation Schedule Policy. I further understand and acknowledge that my variance request may be denied or approved in a modified form.

Signature _____ Title _____ Date _____

Print Name _____ Title _____

Full compliance with The Woodlands Defined Irrigation Schedule Policy is required until specific approval of a variance is **approved** in writing. If a variance is approved, the account holder/property manager/owner is responsible for complying with all provisions of The Woodlands Defined Irrigation Schedule Policy, as modified by the approved variance, throughout the terms of the variance.

Mail application to:
The Woodlands Joint Powers Agency
2455 Lake Robbins
The Woodlands Tx 77380

Woodlands Join Powers Agency Use Only

Site inspection Date _____

Specific Policy Modifications Approved _____

Variance GRANTED from _____ to _____ Variance Denied _____
(Date) (Date)