



## MEDICAL / DISABILITY WATERING VARIANCE APPLICATION

In limited situations, Austin Water may grant a variance from water restrictions ([City of Austin Code 6-4, Article 30](#)). All variances are issued on a case-by-case basis and applicants must follow the [current watering schedule](#) until Austin Water approves the variance. Variance requests must be submitted using Austin Water's checklist and application. After an approved variance expires, applicants must follow the current watering schedule.

Austin Water's **Medical / Disability Variance** is for customers with a documented medical hardship or qualifying disability.

### ELIGIBILITY

- Must have a documented medical hardship or qualifying disability
- Must be a customer of Austin Water
- Must not be [wasting water](#)
  - o No broken/missing sprinkler heads, leaking/broken pipes, or leaking faucet
  - o No water running, flowing or streaming into street, parking lot, or other surface

### CHECKLIST

- Meet all eligibility requirements above
- Complete the variance application
- Provide statement from a physician or caregiver (*if required by Austin Water*)
- Submit the completed application to Austin Water:

**Mail:** Austin Water Conservation, PO Box 1088, Austin, TX 78767

**Email:** [watercon@austintexas.gov](mailto:watercon@austintexas.gov)

**Fax:** 512-974-3504

### RESOURCES

- [Watering Variances Frequently Asked Questions](#)

**WATERING VARIANCE APPLICATION – MEDICAL / DISABILITY****APPLICANT INFORMATION**

Austin Water Account #: \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Business/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**VARIANCE EXPLANATION**Requested Variance:  Medical  Disability

Please explain why you are requesting this variance:

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**VARIANCE AGREEMENT**

I certify that all statements and representations contained in this application are true, correct and complete. I have read and understand the variance eligibility. I have completed each of the required items on the checklist and submitted all required items. I understand that incomplete applications will not be processed and irrigation pursuant to this variance does not exempt me (*or my organization, if applicable*) from complying with Austin Code, Chapter 6-4, Water Conservation.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**CITY OF AUSTIN USE ONLY:** Approved  Denied

Site Inspection Date: \_\_\_\_\_

Staff: \_\_\_\_\_