



Agri-Center Of The World

PUBLIC WORKS / WATER DIVISION

## WATER CONSERVATION HEALTH EXEMPTION REQUEST FORM

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

APPROVED BY: \_\_\_\_\_

DENIED BY: \_\_\_\_\_

**AN APPROVED EXEMPTION IS VALID FOR A ONE YEAR PERIOD ONLY STARTING ON JANUARY 1<sup>ST</sup> AND EXPIRING DECEMBER 31<sup>ST</sup>.**

Address of Requested Exemption: \_\_\_\_\_

Reason for Exemption: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*You must attach a doctor's note or prescription form verifying the disability.** You may FAX the application and/or Rx form to 559-685-2378.

Signature of Applicant: \_\_\_\_\_

Please return completed form to: **City of Tulare  
Water Division  
3981 South "K" Street  
Tulare, CA 93274**