

**Troy Water Department**  
**Water Restriction Exemption Form**

Request for exemption to the City of Troy Ordinance, Chapter 18 Sec 12.01 Irrigation Time Constraints

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

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

Home Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Please explain reason(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Requested Exemption Duration**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Please attach all documents relating to exemption request and mail, fax or drop off to address below

**City of Troy, Water Division**  
**4693 Rochester Rd**  
**Troy, MI 48085**  
**Phone: 248.524.3370**  
**Fax: 248.524.3520**

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**-Water Division Office use only -**

Address: \_\_\_\_\_ Parcel ID # \_\_\_\_\_

Comments/Documentation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPROVED ( )**

**DENIED ( )**

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

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

Title: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_