



MARIN MUNICIPAL WATER DISTRICT

220 NELLEN AVENUE, CORTE MADERA, CA 94925-1169

Phone (415) 945-1520 Fax (415) 945-1403

BASELINE REALLOCATION FORM

Service Number _____ Service Address _____

Customer Name _____ Phone _____

Customer Mailing Address _____

Customer E-mail Address _____

Monthly Billing

Month	Baseline (ccf)
JAN	
FEB	
MAR	
APR	
MAY	
JUN	
JUL	
AUG	
SEP	
OCT	
NOV	
DEC	
Total Water Budget	

Month	New Baseline (ccf)
JAN	
FEB	
MAR	
APR	
MAY	
JUN	
JUL	
AUG	
SEP	
OCT	
NOV	
DEC	
Total Water Budget	

I understand that the service is subject to all conditions for water service as set forth in the District Code and in the Water Service Application on file for this property.

As a condition of service, I acknowledge that I shall comply with all water efficiency standards established by the District.

Print Name _____
Customer / Representative

Signature _____ Date _____