



**Novi Water Department
Water Restriction Exemption Form**

Request for exemption to the City of Novi Ordinance, Chapter 34 Sec 34-24 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, e-mail or drop off to address below

**City of Novi, Water Division
26300 Lee BeGole Drive
Novi, MI 48375
Phone: 248.735.5640
Fax: 248.735.5659**

Please send e-mail requests to sroselle@cityofnovi.org (see link at the top of the page)

Water Division Office use only

Address: _____ **Parcel ID #** _____

Comments/Documentation:

APPROVED () DENIED ()

Signature: _____ **Date:** _____

Title: _____

Start Date: _____

End Date: _____