



RIVER FALLS MUNICIPAL UTILITIES
222 LEWIS ST, STE 228 - RIVER FALLS, WI
425-0906 WWW.RFMU.ORG

**WATER CONSERVATION ORDINANCE
SPECIAL EXEMPTION FORM**

DATE: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

REASON FOR EXEMPTION: _____

This exemption is only valid for 30 days from start date.

START DATE: _____

END DATE: _____

I understand I am allowed to water during the exempted period stated above; after this period if additional watering is needed I must contact River Falls Municipal utilities for an additional exemption form.

Signature: _____

Visual Inspection Date: _____

Utility Employee: _____

Employee: _____