

Water Order Adjustment

Owner's/Irrigator's Name: _____

Owner's/Irrigator's Address: _____

Owner's/Irrigator's Phone #: _____

Order #: _____ Serial #: _____ Lateral/Take-Out: _____

Explanation for Adjustment: _____

Evidence Attached, i.e.: Photos/Water Card: _____

Irrigators Estimate of CFS: _____

START Time & Date for Delivery: _____

FINISH Time & Date for Delivery: _____

Number of Acres Irrigated on this order: _____

(THIS WATER ADJUSTMENT FORM WILL BE REJECTED IF THE NUMBER OF ACRES IRRIGATED IS NOT INCLUDED)

Signature of Owner/Irrigator: _____ Date: _____

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Office Use Only

Adjustment Code (please check the appropriate entry):

- | | |
|---|---|
| <input type="checkbox"/> Administrative Error | <input type="checkbox"/> Ditchrider Error |
| <input type="checkbox"/> Meter Correction | <input type="checkbox"/> Overage/Trans |
| <input type="checkbox"/> Time Adjustment/CFS Adjustment | |

Adjustment Denied-Explanation: _____

Adjustment: Add to Balance: _____ Deduct from Balance: _____

Approved by: _____ Date: _____

Approved by: _____ Date: _____

Entered by: _____ Date: _____