

Water Order Adjustment

Owner's/Irrigator's Name: _____

Owner's/Irrigator's Address: _____

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

Adjustment Start Date: _____ Adjustment End Date: _____

Explanation for Adjustment: _____

Signature of Owner/Irrigator: _____ Date: _____

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Office Use Only

Ditchrider's Statement: _____

Signature of Ditchrider: _____ Date: _____

Adjustment Code (please check the appropriate entry):

- | | |
|---|--------------------------------------|
| _____ Administrative Error | _____ Control |
| _____ Ditchrider Error | _____ Meter Correction |
| _____ Non-compliance (NWRI) | _____ Overage/Trans |
| _____ Transportation Adjustment | _____ Water Master Adj. |
| _____ Charged water restored for Spread | _____ Time Adjustment/Cfs Adjustment |

Adjustment Denied-Explanation: _____

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

Approved by: _____ Date: _____

Approved by: _____ Date: _____

Entered by: _____ Date: _____