

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: _____

CFS Adjustment should be: _____

DATE correction should be: _____

TIME correction should be: _____

Number of Acres Irrigated on this order: _____

OTHER: _____

Signature of Owner/Irrigator: _____ Date: _____

Office Use Only

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: _____