



LANDSCAPE IRRIGATION ADJUSTMENT REQUEST FORM

ACCOUNT NAME: _____

ACCOUNT NUMBER: _____

METER NUMBER: _____

METER SIZE: _____

CONTACT PERSON: _____

PHONE NUMBER: _____

EMAIL: _____

BILLING PERIOD: from _____ to _____

REQUESTED ADJUSTMENT AMOUNT (min. 10 CCF): _____ CCF

DOES THIS SERVICE HAVE ANY OF THE FOLLOWING?

MASTER VALVE? _____ PRESSURE REGULATOR? _____

FLOW SENSOR? _____

BRIEFLY DESCRIBE THE NATURE AND LOCATION OF THE MAINLINE BREAK/LEAK: _____

SUBMIT THIS FORM ALONG WITH A WORK ORDER OR INVOICE FOR THE REPAIR AND A WEEKLY TRACKING SHEET FOR THE BILLING PERIOD FOR WHICH THE ADJUSTMENT IS BEING REQUESTED

MAIL OR FAX FORM AND REQUIRED DOCUMENTS TO:

IRVINE RANCH WATER DISTRICT
ATTENTION: WATER EFFICIENCY DEPARTMENT – LANDSCAPE
15600 SAND CANYON AVENUE, IRVINE, CA 92816

EMAIL: GARCIAJ@IRWD.COM

FAX: (949) 453-0228

FOR IRWD USE ONLY

APPROVED _____ INITIAL _____ CCF TO BE ADJUSTED _____ BILLING PERIOD ____/____

NOT APPROVED _____ INITIAL _____ STILL IN PENALTY _____ RECEIVED TOO LATE _____

OTHER _____