



## 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](mailto: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 \_\_\_\_\_