Montecito Water District
583 San Ysidro Road
Montecito, CA 93108
805-969-2271

WATER LOSS ADJUSTMENT REQUEST FORM

Please complete and submit this form, along with all supporting documentation such as invoices, photos or videos, to the District no later than 30 days from the billing date in which the water loss occurred.

Name:_____ Telephone:_____

Service Address:_____ Account #:_____

Mailing Address: _____ Email: _____

Supporting Docs attached: Yes___ No___ Date of Loss Discovery :_____

Please provide a brief explanation of how water loss occurred, how quickly it was repaired and steps taken to ensure that another water loss does not occur:

_____
_____
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_____

(Please attach additional pages if necessary)

I certify that all of the information contained in this request is accurate and true:

_____ _____

Signature Date