MONTECITO WATER DISTRICT
A Reliable Supply Since 1921

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WATER LOSS ADJUSTMENT REQUEST FORM

Note: Resolution 2330 pertains to the District's Water Loss Adjustment Policy.
Requests are limited to **one adjustment every twenty-four (24) months.**
This completed form along with all supporting documents, such as invoices, photos or videos, must be submitted to the District ***within thirty (30) days*** from the billing date for the period in which the loss occurred. Customers must meet eligibility requirements below for any request to be considered.
Check to confirm that you:

☐ Are enrolled in and can demonstrate utilization of the District's smart metering customer portal **WaterSmart** for monitoring real time water use and receiving notifications of apparent water loss.
☐ Took corrective action to remedy the specific condition (leak) immediately upon being notified of or discovering the water loss.
☐ Have an account in good standing (and without an outstanding balance) at the time of the Water Loss Adjustment request.

If you have fulfilled all of the eligibility requirements above, please proceed with form:

ACCOUNT SERVICE ADDRESS (WATER LOSS LOCATION)

_____

ACCOUNT NUMBER _____ DATE OF LOSS DISCOVERY _____

NAME ON ACCOUNT _____

PHONE _____ EMAIL _____

MAILING ADDRESS (If different from Service Address)

_____

BILLING PERIOD(S)* ADJUSTMENT REQUESTED _____
*Limited to two consecutive billing periods, depending on the time and circumstances of the loss.

SUPPORTING DOCUMENTS ATTACHED ☐ YES ☐ NO

BRIEF EXPLANATION: Please describe how water loss occurred, how quickly it was repaired, and steps taken to ensure that another water loss does not occur:

_____

_____

_____

_____

_____

_____

(Attach additional pages if necessary)

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

ACCOUNT HOLDER SIGNATURE _____ **DATE** _____

form revision date: 07/01/2026