



# Bexar County Water Control and Improvement District #10

8601 Midcrown Drive  
Windcrest TX 78239  
(210) 655-2888

## FILING FORM FOR WATER ADJUSTMENT (During Drought Restrictions Only)

*NO ADJUSTMENTS CONSIDERED UNTIL REPAIR HAS BEEN COMPLETED*

ACCOUNT NO: \_\_\_\_\_ SID \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

REASON FOR FILING ADJUSTMENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LOCATION OF PROBLEM: \_\_\_\_\_

DO YOU HAVE: POOL  WATER SOFTENER  SPRINKLER SYSTEM

CAUSE OF PROBLEM: \_\_\_\_\_

DATE PROBLEM WAS FIRST NOTICED: \_\_\_\_\_

DATE PROBLEM WAS CORRECTED: \_\_\_\_\_

OTHER COMMENTS: \_\_\_\_\_

WHO MADE REPAIRS: \_\_\_\_\_

Note: Please attach copies of bills/receipts. Provide explanation if work was performed by owner.

Please consider my request for an adjustment. All information above is true and correct.

\_\_\_\_\_  
(Signature of Applicant)

### INFORMATION BELOW WILL BE PROVIDED BY THE DISTRICT

#### CRITICAL RATE ADJUSTMENT

\_\_\_\_\_ CCF                      \_\_\_\_\_ CCF  
CPR \_\_\_\_\_                      CPR \_\_\_\_\_  
NR \_\_\_\_\_                      NR \_\_\_\_\_  
ADJ AMT \$ \_\_\_\_\_                      ADJ AMT \$ \_\_\_\_\_

#### NORMAL RATE ADJUSTMENT:

LEAK CCF \_\_\_\_\_ 1/2 LEAK CCF \_\_\_\_\_ HIST AVG CCF \_\_\_\_\_  
(Eligibility guidelines for adjustment: 1/2 Leak ccf must be greater than Hist Avg ccf)

1/2 LEAK CCF (Charge Amt @ NR) \$ \_\_\_\_\_ (ADJ AMT)

TOTAL ADJ AMT (CPR & NORMAL) \$ \_\_\_\_\_