Mid-Peninsula Water District
Bill Adjustment Request Form

Attention Customer: Please complete and submit this form to request a bill adjustment for a leak, pursuant to MPWD's Policy on Customer Bill Adjustment for Promptly Repaired Leaks, available on our website: www.midpeninsulawater.org/leak-adjustment

Account Information

Name on Water Account: _____

If name is not on water bill, provide name of who is responsible: _____

Service Address: _____

Mailing Address: _____

Account Number: _____ Phone: _____

Email Address:

Leak Information

Date of notification: _____ Method of notification: Make a selection

Date(s) of leak occurrence: _____ Date of repair: _____

Location of leak: _____

Description of Repair: _____

Attach additional pages, as needed _____

Attachments included? ◯ YES ◯ NO

Agency Use

Date:_____ Meter Reading: _____ Consumption Average: _____
Date:_____ Meter Reading: _____
Date:_____ Meter Reading: _____

Notes:

Please submit a copy of any receipts from repairs or replacements pertaining to this particular leak. By signing this form you acknowledge that you have read and understand MPWD's Policy on Customer Bill Adjustment for Promptly Repaired Leaks.

_____

Customer Signature Date