



RESIDENTIAL WATER LEAK  
ADJUSTMENT REQUEST  
No.1 The Plaza, Sonoma, CA 95476  
Phone: 707-933-2244 Fax: 707-938-3934  
finance@sonomacity.org  
[www.sonomacity.org](http://www.sonomacity.org)

**REMEMBER:**

- ☐ Complete the entire form
- ☐ Attach Copies of Receipts
- ☐ Mail or deliver to City Hall

**CUSTOMER INFORMATION: Enter all information below.**

Name on Account \_\_\_\_\_ Account Number \_\_\_\_\_

Service Address \_\_\_\_\_  
(Cannot be P.O. Box)

Contact Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**LEAK REPAIR INFORMATION: Enter all details below.**

Date Leak Discovered \_\_\_\_\_ Date Leak Repaired \_\_\_\_\_

Description of the Leak and Repair \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RECEIPTS:**

Copies of receipts for any materials or services related to the repair must be attached and are required for this request to be considered.  
Briefly describe the receipts attached.

\_\_\_\_\_

**SIGNATURE**

*I understand that by completing this form I am not guaranteed that an adjustment will be made to my water bill. All adjustments are issued based on average usage for previous account history and are credited at a reduced rate for water loss only. Once the form is submitted, I will receive a determination by mail in approximately 7 - 10 days. It is my responsibility to make payment to the utility department of any outstanding balance due or penalties may be assessed if payment is not delivered timely.*

*I have read, understand and agree with the leak adjustment guidelines.*

Signature of Account Holder \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

RECEIVED  
DATE STAMP

**CITY OF SONOMA WATER DEPARTMENT USE ONLY**

☐ Approved By \_\_\_\_\_ Date \_\_\_\_\_ Adjustment Amount \_\_\_\_\_ Adjustment Made By \_\_\_\_\_ Date \_\_\_\_\_

☐ Denied By \_\_\_\_\_ Date \_\_\_\_\_ Reason for Denial \_\_\_\_\_

\_\_\_\_\_ Customer Notified Date \_\_\_\_\_ Balance Due \_\_\_\_\_