



RESIDENTIAL WATER LEAK
ADJUSTMENT REQUEST
No.1 The Plaza, Sonoma, CA 95476
Phone: 707-933-2237 Fax: 707-938-3934

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	OFFICE USE ONLY
<p><i>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 <u>water loss only</u>. 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></p> <p><i>I have read, understand and agree with the leak adjustment guidelines.</i></p> <p>Signature of Account Holder _____ Printed Name _____ Date _____</p>	<p>RECEIVED DATE STAMP</p>

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 _____