



**OCTOBER FIRES
WATER BILL 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
- Mail or deliver to City Hall
- Submit by January 1, 2018

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 _____

OCTOBER 2017 WATER USAGE INFORMATION: Enter all details below.

Description of water use due to October fires _____

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>higher than normal water use due to the October fires</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 City of any outstanding balance due or penalties may be assessed if payment is not delivered timely.</i></p> <p>Signature of Account Holder _____</p> <p>Printed Name _____ Date _____</p>	<p>RECEIVED DATE STAMP</p>

CITY OF SONOMA USE ONLY

Approved By _____ Date _____ Adjustment Amount _____ Adjustment Made By _____ Date _____

Denied By _____ Date _____ Reason for Denial _____

_____ Customer Notified Date _____ Balance Due _____