



LEAK ADJUSTMENT REQUEST

7120 Bodega Ave, Sebastopol, CA 95472
Phone: 707-823-7863 Fax: 707-823-1135
www.cityofsebastopol.gov

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 _____

Contact Phone _____ (Cannot be P.O. Box) 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 it does not guarantee 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. It is my responsibility to make payment to the utility department of my balance due bringing my account current 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 SEBASTOPOL UTILITY DEPARTMENT USE ONLY

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

Denied By _____ Date _____ Reason for Denial _____

Customer Notified Date _____ Balance Due _____