

Water Leak Adjustment Request Form

Questions? (916) 617-4589 utility@cityofwestsacramento.org

				it Number:	
Service Address:			Phon	e Number:	
Email address:					
Date leak occurred:			Date of repair:		
Details of the leak/repairs (Attach Repair	Recei	pts):			
Source of the leak:					
Total repair cost:					
How was the leak discovered:					
By signing this request, I certify that I understand	the tern	ns and c	onditions of the City of	West Sacramento Water Leak Adjustment	
By signing this request, I certify that I understand Policy IV-G-9 and acknowledge that I will not be eli					
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Policy IV-G-9 and acknowledge that I will not be eli	gible for	r any add	ditional leak adjustment	for a minimum of 60 months.	
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Policy IV-G-9 and acknowledge that I will not be eligenature: Prior leak adjustment on file:	gible for Yes	r any add	ditional leak adjustment	for a minimum of 60 months.	
Policy IV-G-9 and acknowledge that I will not be elig	gible for	r any add	ditional leak adjustment SE ONLY: Date:	for a minimum of 60 months.	
Policy IV-G-9 and acknowledge that I will not be eliginature: Prior leak adjustment on file: Billing period in which leak occurred: Documentation of repair attached: Leak verified by a City employee:	gible for Yes N/A	DFFICE U	ditional leak adjustment SE ONLY: Date:	for a minimum of 60 months.	
Policy IV-G-9 and acknowledge that I will not be eliginature: Prior leak adjustment on file: Billing period in which leak occurred: Documentation of repair attached: Leak verified by a City employee: Average water usage calculated for adjustment:	gible for Yes N/A Yes	DFFICE U No	ditional leak adjustment SE ONLY: Date:	for a minimum of 60 months.	
Policy IV-G-9 and acknowledge that I will not be eliginature: Prior leak adjustment on file: Billing period in which leak occurred: Documentation of repair attached: Leak verified by a City employee: Average water usage calculated for adjustment: Total water usage adjusted:	gible for Yes N/A Yes	DFFICE U No	ditional leak adjustment SE ONLY: Date:	for a minimum of 60 months.	
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To qualify for a leak adjustment, all of the following criteria must be met:

- 1. Excess water use must be 100% higher than normal usage, based on an average of the same billing period for the previous three years (or the available history for the account).
- 2. Only residential customers are eligible for the bill credit.
- 3. All leak(s) must be located in the water distribution system of the home and be beyond the control of the owner, agents, tenants, contractors, or anyone else occupying the property or using the property that could have reasonably foreseen such a possible leak. Leaking faucets, fixtures and appliances, and any water distributing devices attached thereto, do not qualify for the leak adjustment.
- 4. The leak(s) cannot be the result of negligent or willful behavior.
- 5. One leak adjustment may be granted no more than once every 60 months, per account.
- 6. Bill credits are for water only, not wastewater.
- 7. The credit is for one billing cycle only and shall be no more than \$500 in value.
- 8. All decisions from the Administrative Services Director (or designee) are final. There are no appeals.
- 9. The leak adjustment is in the form of a bill credit. Upon approval, adjustments will be made to the consumption portion of the bill.
- 10. Proof that repairs were completed must be included with all requests for a leak adjustment and submitted within 3 months after the repair. Proof of repair includes (a) photos of repair and receipts or (b) plumber's invoice.
- 11. If any insurance payment or equivalent is received, the customer must immediately notify the City. The customer may be required to pay back the adjustment.