



# RESIDENTIAL WATER LEAK ADJUSTMENT APPLICATION

19039 BAY STREET, SONOMA, CA 95476

MAILING ADDRESS: P.O. BOX 280, EL VERANO, CA 95433

PHONE: 707-996-1037 FAX: 707-996-7615 EMAIL: customerservice@vomwd.com

- CHECKLIST:**
- COMPLETE APPLICATION
  - ATTACH REPAIR INVOICE AND/OR RECEIPTS
  - MAIL OR DELIVER TO VOMWD

## CUSTOMER INFORMATION

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

Service Address: \_\_\_\_\_

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

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

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

## LEAK REPAIR INFORMATION

Estimated Date Leak was discovered: \_\_\_\_\_ Date Leak was repaired: \_\_\_\_\_

Description of the Leak and Repairs Made: \_\_\_\_\_

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## COPIES OF THE REPAIR INVOICES AND/OR RECEIPTS MUST BE ATTACHED AND ARE REQUIRED FOR ELIGIBILITY OF AN ADJUSTMENT TOWARDS YOUR BILL

*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 adjustments will only be made to tiered rates that are in excess of the uniform commodity rate. Any usage during the period in question, which is over the calculated average, will be considered to be caused by the leak and called "overage". This usage will be charged at the uniform commodity rate. Adjustments shall not be made for faucet, toilet or irrigation leaks or mechanical malfunctions, and no adjustments shall be made for any subsequent leaks on the same piping system.*

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

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

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

## VALLEY OF THE MOON WATER DISTRICT USE ONLY

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

Denied By \_\_\_\_\_ Date \_\_\_\_\_ Reason For Denial \_\_\_\_\_

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