



CUSTOMER LEAK APPEAL FORM (See reverse for non-leak appeal)

Date: _____

Customer Name: _____

Account #: _____

Service Address: _____

Customer Phone #: _____

Date Leak Discovered: _____

Date Leak Repaired: _____

Type of Leak: _____

What Billing Period(s) Did Leak Affect: _____

Details: _____

To file an appeal for a bill or bills due to a leak (broken pipe or plumbing fixture), please thoroughly read the following information and complete the necessary paperwork. Please make sure to include all necessary backup.

- Customer must have leak repaired before appeal can be submitted.
- Appeals should be sent to the District office within 5 working days of receiving the billing statement.
- Customer can only appeal the current billing period (unless prior contact was made with the District).
- Customer is only allowed one adjustment in a 12 month period.
- A partial payment of at least 50-75% of the original bill amount is requested on or before the due date (payment amount depends upon the amount of the bill increase).
- All information submitted to the District is subject to verification.

The following information must be included with the appeals request:

- Completed appeals form or written letter of explanation.
- Date the leak was first noticed.
- Date the leak was repaired.
- Details of what specifically was leaking and what was repaired.
- Copies of receipts for parts and/or labor.

The appeals process does not eliminate the water bill or the need to pay the water bill in a timely manner. The appeals process allows our customers a "reduced" rate for the above normal usage of water due to a leak. You will be contacted by letter whether the appeal was approved or declined before the next billing period. Remember, please make sure all your information has been included or the appeal may be declined.

Customer Signature: _____

CUSTOMER GENERAL APPEAL FORM

Date: _____

Customer Name: _____

Account #: _____

Service Address: _____

Customer Phone #: _____

PLEASE COMPLETE THE FOLLOWING:

What Charge(s) or Service (s) Is/Are Being Appealed: _____

Details: _____

To file a general appeal, please thoroughly read the following information and complete the above form. If more space is needed, please attach an additional sheet.

- Appeals should be sent to the District office within 5 working days of receiving the billing statement.
- If this is a billing issue, the Customer can only appeal the current billing period (unless prior contact was made with the District).
- A partial payment of at least 50-75% of the original bill amount is requested on or before the due date.
- All information submitted to the District is subject to verification.

The appeals process does not eliminate the need to pay the water bill in a timely manner. You will be contacted to advise you whether the appeal was approved or declined before the next billing period.

Customer Signature: _____

(Ord. No. 91-2, 2-26-91) Any customer desiring to initiate a complaint or request an investigation concerning services or charges shown on their bill must do so within (5) working days of receipt of bill. Any such complaint must be in writing and filed with the District's Customer Account's Officer.