



City of Woodland

FINANCE DEPARTMENT
(530) 661-5831
(530) 661-5848 Fax

300 FIRST STREET WOODLAND, CA. 95695

billing@cityofwoodland.org

Leak Adjustment Application

Customer Name: _____ Account Number: _____ - _____
 Service Address: _____
 Phone Number: _____ Email Address: _____
 Date Leak Occurred: _____ Date of Repair: _____

The City, in order to encourage prompt repairs of leaking pipes and fixtures, will make allowances and adjustments at staff discretion upon evidence of repairs.

- 1.) To be considered repaired; the meter reads must show 4-5 hours of zeroes for residential, and 50% reduction for commercial and irrigation.
- 2.) Repair receipts or invoices are required; Failure to provide will result in denial.
- 3.) The leak adjustment is in the form of a bill credit. Upon approval, adjustments will be made to the consumption portion only.
- 4.) The leak adjustment request must be an active Utility Account and will not exceed a 3 month time period.
- 5.) If the leak has been fixed and paperwork has not been submitted within 45 days of the fix, no adjustment will be given.
- 6.) One leak adjustment may be granted no more than once every 12 months, per account.
- 7.) Leak adjustment/credit amount must be more than \$50, amounts less will be denied.
- 8.) Adjustments will not be made if **ALL** required paperwork is not submitted. No adjustment will be allowed with explanation or photo only.
- 9.) The adjustment can take up to 4 to 6 weeks. During that time, the customer must continue to make payments towards the water bill while the adjustment is in process to prevent disruption of utility service.
- 10.) All decisions from the Finance Supervisor (or designee) are final. There are no appeals.

DESCRIBE LEAK, DAMAGE AND REPAIRS MADE TO PROPERTY BELOW; USE ADDITIONAL PAPER IF NEEDED
ATTACH REPAIR RECEIPTS

SIGNING THIS REQUEST, I CERTIFY THAT I UNDERSTAND THE TERM AND CONDITIONS OF THE CITY OF WOODLAND WATER LEAK ADJUSTMENT POLICY REQUIREMENTS AND ACKNOWLEDGE THAT I WILL NOT BE ELIGIBLE FOR ANY ADDITIONAL LEAK ADJUSTMENTS FOR A MINIMUM OF 12 MONTHS.

Signature _____

Date _____

OFFICE USE ONLY:	
Date submitted:	
Prior leak adjustment on account:	Yes No Date: _____
Time period of Leak: Start Date: _____	End Date: _____
Documentation of repair attached:	Yes No
Total dollar amount adjusted	\$ _____
Additional Notes:	
Leak adjustment request is hereby:	Approved Rejected
Employee:	Date: _____