



Leak Adjustment Request Form

North Coast County Water District

Attention Customer: Please read Resolution No. 1011, titled, "Adopting Policy Regarding Adjusting Water Bills for Water Leaks on the Customer Side of the Water Meter" for more information regarding the guidelines of leak adjustments.

Date: _____

Customer Information

Name: _____ Phone: () _____

Address: _____ Fax: () _____

Account Number: _____

Leak Information

Where was the leak located?

When was the leak noticed?

How was the leak repaired? Was anything replaced?

Please submit a copy of any receipts from repairs or replacements pertaining to this particular leak. By signing the bottom of this form you are aware of the restriction set forth in Resolution No. 1011, allowing one leak adjustment per every five (5) years.

Customer Signature

Date