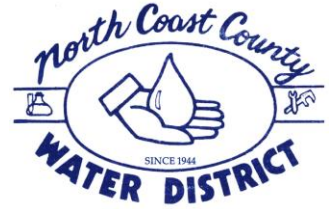


North Coast County Water District Leak Adjustment Request Form



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.

Account Information

Name on Water
Account: _____

If name is not on water bill, provide name of whom is responsible: _____

Service Address: _____ Pacifica, CA 94044

Mailing Address: _____

Account Number: _____ Phone: _____

Email Address: _____

Leak Information

Date(s) of Leak Occurrence: _____

Location of Leak: _____

Date of Repair: _____

Attachments Included? _____

Description of Repair: _____

Agency Use

Date: _____ Meter Reading: _____ Consumption Average: _____

Date: _____ Meter Reading: _____

Date: _____ Meter Reading: _____

Notes:

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