



REQUEST FOR WATER LEAK ADJUSTMENT

Customer Information

Name on Account: _____

Account Number: _____ Contact Phone No#: _____

Service Address: _____

Leak Repair Information

Date Leak Discovered: _____ Date Leak Repaired: _____

Description of Leak: _____

General Guidelines & Regulations

- The customer ***must*** submit a completed Leak Adjustment form provided by the City of Martinez with proof of repair, including receipts of repair and/or supporting photos must be submitted. Leaks must be repaired prior to review of the account. .
- Regulations Governing Water Service- Section 4.14 Adjustments to Water Billing – When it is determined that the customer has a leak in the customer’s service, it shall be the obligation of the customer to immediately proceed to make repairs. In the event the amount of water used is substantially greater (more than twice) than normally used, the Water Department may adjust the bill to one half of the metered consumption or twice the normal consumption, whichever is greater. In no event will such credit be given until such water leak is repaired. Only one billing period will be adjusted.
- When a request has been approved for an adjustment, your average ‘normal’ monthly usage will be defined by the City.
- Completion of this form does not guarantee an adjustment will be made to your water bill. Once the review is complete, you will receive notification of results from the Water Department. Please allow two to three weeks for processing.

Please return the completed application with proof of repair to the Water Department.

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

Signature _____

Date Submitted _____

For Office Use Only:

Received By and Date: _____ Receipt and/or Photos: Yes ___ or No ___

To view your attachments, click "View," "Navigation Pane," "Attachments"