

Shasta Community Services District Leak Adjustment Application

Applicant Information

Application Date:
Customer Name(s)/Account Number:
Mailing Address:
Service Address:
Phone Number/ Email Address (optional):
Date(s) of Leak Occurrence:
Date Leak Repaired:
Location of Leak (approximate):
Description of Repair:
Person/Company that Repaired Leak:
NOTE: Please attach receipts, pictures, map, or other documents regarding leak repairs

I (We) the undersigned, appeal to Shasta Community Services District for consideration of a reduced costadjustment for water used as a result of a leak having occurred as described above (attach additional information as needed). I (We) have read the Leak Adjustment Policy of the District and agree to the terms set forth within. I (We) understand and agree that by signing the Leak Adjustment Application (LAA) form, this SCSD account number shall not be eligiblefor any additional leak adjustments for next five (5) years from the approval date listed below.

Signature (owner)

Signature (renter)

Shasta Community Services District Leak Adjustment Application

FOR OFFICE USE ONLY:

Approval Date:	Average Usage:	Billed Amount: \$
SCSD Account #	Months used for averaging:	Revised Amount: \$
Meter#	Cubic Feet Billed@ regular rate:	
Owner:	Cubic Feet Billed@ reduced rate:	
Renter:	Subtotal: \$	
Reviewed By:	Sales Tax: \$	
Approved By:	Adjustment Amount: \$	