



LEAK ADJUSTMENT REQUEST FORM

Please read this document carefully

Crystal Clear Special Utility District (CCSUD) is not responsible for leaks that occur on the customer's side of the meter. However, CCSUD may grant a credit leak adjustment to an account when a leak has occurred on the customer's side. An account is only allowed one (1) singular adjustment during a continuous 12-month billing period, and the adjustment shall be for no more than two months' billing cycles if a leak occurs across two billing cycles. For parcel or adjacent parcels under common ownership, the General Manager shall have the sole and unappealable discretion to adjust over three billing periods. Leak adjustments are per account, and only the affected account is eligible for consideration of a leak adjustment. The following conditions apply:

- (A) The amount of excess water usage reflected in the contested bill must be at least two (2) times the average monthly usage for that customer;
- (B) The customer must submit documentary evidence that the leak has been repaired, such as a statement from a plumber and/or receipt(s) for parts purchased to repair the leak; and
- (C) The customer has not received a leak adjustment during the twelve (12) months prior to the request, regardless of the number of meters serving the customer's property or properties.

Irrigation leaks are considered homeowner maintenance and will not be eligible for a leak adjustment. This includes, but is not limited to sprinkler heads, sprinkler tubing, sprinkler valves, irrigation controllers, emitters, fittings, drip irrigation tubing, and drip irrigation manifolds.

A review of your documentation will determine if a credit can be granted. If your request is denied, you will be notified in writing. If you have another leak during this year period, CCSUD may offer a payment plan.

Please complete, sign, and return this form to CCSUD along with copies of your repair invoice, store receipt, or pictures that confirm the repair work has been completed.

Customer Name: _____

Service Address: _____

City: _____ State/Zip: _____

Email Address: _____ Phone Number: _____

Date Leak Fixed: _____

Describe Leak in Detail:

Customer Signature: _____ Date: _____

FOR OFFICE USE ONLY BELOW THIS LINE

Account #: _____ Date Received: _____

Date Processed: _____ Current Balance: _____

Received By: _____ Leak Adjustment amount: _____