

ALLEGHANY COUNTY WATER DISTRICT

PO BOX 860

ALLEGHANY, CA 95910

(530) 287-3204

alleghanywater@gmail.com

Water Leak Adjustment Credit Form

Date: _____

Name: _____

Water Service Address: _____ account # _____

Please explain how the leak occurred, when you became aware of the leak and when and how you fixed the leak:

ACWD Staff verification that the leak has been fixed. X _____

Customer verification: I, _____ (print name)
verify that the above is a true and correct statement and that I wish to receive
a 50% reduction of my water usage overage for the bill dated _____ .

Signed X _____

ACWD authorization by: _____ (print name)

Date credit was issued: _____ Amount: _____

X _____ (sign)