



City of Mt. Shasta Leak Adjustment Request Form

General Guidelines

Customers are responsible for the repair and maintenance of the water service and fittings beginning at the customer's property line. This includes the plumbing fixtures in the customer's residence or building.

Customers are responsible for monitoring higher than expected usage and must investigate higher than expected usage to determine if the usage was caused by a leak on the customer's property. Upon request, the City can assist the customer in determining if a leak exists by providing the customer with a meter use profile. Customers must promptly repair all leaks.

Leak Adjustment Guidelines

Adjustments are available to customers once every twenty-four (24) months.

Adjustments are available for a maximum of two billing cycles.

Adjustments are available to customers for the water portion of the utility bill and may be available for the wastewater portion of the bill, if applicable.

The customer's prior twenty-four (24) month average water usage will be compared to the customer's usage during the leak period to determine the excessive water usage to be adjusted. If the customer has less than twenty-four (24) months of water usage, City staff will estimate the customer's usage.

Customers must repair the water leak within forty-five (45) days from the date the high water bill was issued.

In order to request a leak adjustment, customers must complete and submit a Leak Adjustment Request Form to the City within forty-five (45) days from the date the high water bill was issued.

If the repairs are completed by a third party, receipts must be attached to the form as proof the repair was made. If the repair was made by the customer, a City employee must be able to visually inspect the service where the repairs were made.

Customers requesting a leak adjustment must pay the average amount of their bill in full and make payment arrangements for the balance while the Leak Adjustment Request Form is being processed.

The Leak Adjustment Request Form will be reviewed and a final decision made by the City of Mt. Shasta Utility Adjustment Committee, which consists of the Public Works Director, Public Works Supervisor, and the Finance Director.

Customer Information

Name: _____ Account #: _____
Service Address: _____ Phone #: _____
Mailing Address: _____
Email Address: _____

Leak Information

Date Leak Detected: _____ Date Leak Repaired: _____

Please provide a brief explanation of the leak and the repairs made below:

Signature and Date

Signature: _____ Date: _____

Please mail or hand deliver this form to 305 N. Mt Shasta Boulevard, Mt. Shasta, CA 96067 or fax it to (530) 926-7521. If you have questions please call (530) 926-7510.

Office Use Only

Comcate Case #:		Employee Name:	
Public Works Employee Verification:			