

OCEANO COMMUNITY SERVICES DISTRICT
1655 FRONT STREET/ PO BOX 599
OCEANO, CA 93475-0599
TELEPHONE: 805-481-6730
FAX: 805-481-6836
www.oceanocsd.org

One Time Leak Adjustment Request

Per Ordinance 2007-01, Whenever a bill reflects high usage compared to the previous comparable seasonal billing period, a leak is evident and fixed, an adjustment may be given. See actual ordinance for complete wording.

"High Usage is defined as water use for a billing period which is in excess of one and one half times the normal seasonal bimonthly use as solely determined by the District.
Consideration of an adjustment pursuant to this policy should be allowed only once in any consecutive 24 month period."

SERVICE ADDRESS _____
NUMBER STREET UNIT #

Name _____
Last First Middle

Contact _____
Home Telephone Cellular Telephone

Property occupied by: Owner Tenant Vacation Home

When was the leak discovered? _____

Where was the leak? _____

What caused the leak? _____

When was the leak repaired? _____

Who repaired the leak? _____

Attach all receipts and/or invoices

Customer Signature

Date

Please complete, sign, and return this form at your earliest convenience.

OFFICE USE ONLY:

Processed _____
Date Received By Initials