



Scotts Valley Water District
2 Civic Center Drive - Scotts Valley, CA 95066

(831) 438-2363 • Fax (831) 438-6235
Email: conservation@svwd.org

Office Use Only

Acct # _____

Tax Lot # _____

Leak Adjustment Request

Please submit this *fully completed* form to the District, along with a copy of receipt for repair parts and/or labor, and any available documenting photographs to conservation@svwd.org

Name on Account: _____ Telephone: _____

Service Address: _____ Email: _____

HOW and WHEN leak was noticed: _____

WHERE and WHEN leak was found: _____

Copy of receipt attached? DATE repaired and by whom: _____

In the space below, provide a *clear and specific* explanation of:

1) WHAT was leaking, and 2) what steps and materials were used to PERMANENTLY REPAIR the leak:

I certify that all claims and information I have submitted above are accurate and true.

I understand that if granted, my account will not be eligible for another adjustment for 5 years.

I have signed-up for the Eye-On-Water meter monitoring and leak alert program.

Signature: _____ Date: _____