



Scotts Valley Water District

2 Civic Center Drive Scotts Valley, CA 95066
(831) 438-2363

| District Use Only |
|-------------------|
| Acct # |
| SO # |

Leak Adjustment Request

Account Holder Name: _____

Phone: _____ Email: _____

Mailing Address: _____

When was the leak noticed? _____

Where was the leak noticed? _____

How was the leak noticed? _____

Date repaired: _____ Who repaired the leak? _____

In the space below, provide a clear and specific explanation of what was leaking and 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 WaterSmart meter monitoring and the leak alert program.
 Copy of receipts for repair parts and/or labor are attached.

Signature: _____ Date: _____

By checking this box and typing my name below, I am electronically signing my application.

First Name

Last Name