

Attn: Utility Billing, 2890 Mosquito Rd. Placerville, CA 95667

Email: billing@eid.org Phone #: 530-642-4000 Fax Number (530) 622-8569

ADJUSTMENT REQUEST FORM

EID's Administrative Regulation 9051.3 allows for an adjustment to an account if excessive delivery is the result of water leakage that occurs from underground or unexposed pipes beyond the discharge flange of the water meter. Credits will not be given when there is visible leakage, such as leaks from faucets, toilets, sprinklers and hose bibs or for wasteful use or the customer's acts, omission or negligence.

Name: Account Number:		
Service Address:		
Phone Number:	Email Address: _	
Preferred Method of Contact:	Phone	☐ Email
Adjustment requested by:	Owner	Tenant
What is your service type?	Residential	Commercial
Description of leak or issue: Where was Explain:	· ·	e e
Date leak/issue detected:	Date leak repaired/i	ssue corrected:
Who repaired the leak? *Plumber *Please enclose copies of any and all rece	•	ner/Self Other
Billing period for requested adjustment	:	
What type of adjustment are you reque	sting? Please check applicable	box(es):
☐Water ☐Recycled Water		
Adjustment Frequency Water an adjustment will be made to the sa		s are for a single billing period and no more than one ises in any <u>five-year period</u> .
Sewer Commodity		
Adjustment Frequency Resident premises in any three-year period		ljustment will be made to the same customer for the same
Adjustment Frequency Commer premises in any one-year period.	cial Sewer: No more than one c	djustment will be made to the same customer for the same
	after leaks have been repaired	oithin 60 days from the bill date of the bill that reflects the and it is reasonable to predict that the leak or loss will not at the leak has been repaired.
		receipts. Please allow 1-3 weeks processing time from the please allow 1-3 weeks processing time from the date the
Signature		Date