
LEAK ADJUSTMENT REQUEST FORM

Sheet 1

(See Attachment Form)

(N)

(Continued)

(TO BE INSERTED BY UTILITY)

Advice 1349
Decision

ISSUED BY

J. T. LINAM
DIRECTOR - Rates & Regulatory

(TO BE INSERTED BY C.P.U.C.)

Date Filed 10/29/2021
Effective 10/29/2021
Resolution _____

Date _____

LEAK ADJUSTMENT REQUEST FORMCustomer Name _____
Service Address _____**For Service To:**
Account Number: _____
Service Address: _____**LOSS OF WATER ADJUSTMENT REQUEST FORM**

California American Water offers customers the opportunity to request a one-time billing adjustment due to leaks or other issues that reflect high usage. Please fill out the following form so that we can best address this request.

TODAYS DATE: _____

REASON FOR REQUEST: Leak High Water Use/Cause Known High Water Use/Cause Unknown
 Other (please explain in section below)

BEST CONTACT TELEPHONE NUMBER: _____

DATE LEAK DISCOVERED _____

DATE LEAK REPAIRED/CORRECTED _____

PROVIDE DETAIL REASON FOR REQUEST AND SPECIFIC ACTION TAKEN TO REPAIR OR CORRECT THE ISSUE:

DID YOU ATTACH Proof (Receipt) of Leak Repair? Attaching proof with form will speed processing time.

I hereby acknowledge the information submitted is true. I also understand submission of this form does not guarantee adjustment issuance. The company has the right to limit adjustments to one per customer per premise within a 24-month period.

Signature: _____ Date: _____

This form should be completed, printed, signed, and submitted to one of the following:

Fax: (618) 433-4569 Email: csc.correspondencebilling@amwater.com

Mail: California American Water, Attention: Leak Adjustment, PO Box 578, Alton, IL 62002

Please allow up to 20 days for processing.

For details on how we treat the information you have provided to us on this form, and your privacy rights and how to exercise them including how to exercise a “do not sell” opt-out visit our website www.californiaamwater.com or contact us at 1-888-237-1333.