

## Leak Adjustment Policy

Christian Valley Park, CSD

September 13, 2016

### Written Request Required

A written request for review and adjustment must be received by the district for the current billing period within 30 days of the billing date. Leaks for prior quarters will not be allowed.

### Criteria:

1. A water leak adjustment request shall not be considered by the board unless the usage is over 2 times the average usage for the last 3 years of the same quarter or whatever data is available.
2. Water Leaks shall be repaired and receipts of the repair shall be available for the district to review.
3. Customers may not receive more than one leak adjustment every 3 years on the same property or residence.
4. The policy does not apply to new landscaping irrigation, pool or spa filling or other similar uses of water.
5. The credit may not exceed \$400

### Calculation:

The credit for the water leak is calculated by subtracting the average usage from the current water usage and then the balance of the water usage is shared equally between the customer and the district at the current water usage rate.

<i>EXAMPLE</i>	
<i>Total Bill</i>	<i>\$700</i>
<i>Same Period Average Bill</i>	<i>\$300</i>
<i>Difference</i>	<i>\$400</i>
<i>Amount of Customer Credit</i>	<i>\$200</i>

**Adoption:** The Board approved and adopted the Leak Adjustment Policy on September 13, 2016.

# Leak Adjustment Request

Christian Valley Park, CSD

Today's Date: \_\_\_\_\_

Customer's Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address (if available): \_\_\_\_\_

Date when the leak was found: \_\_\_\_\_

Date of the leak repair (attach all receipts): \_\_\_\_\_

Provide a description of the type of leak and the location of the leak.

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I understand that all documents must be received before my account will be reviewed and that an inspection of repairs may be requested. I further acknowledge that the board has full and final discretion over any and all requests.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date