

**PLEASE READ & SIGN THE FOLLOWING STATEMENTS
AS ACKNOWLEDGED AND REQUIRED BY THIS AGREEMENT**

- I certify that I have read, understand and agree to the terms and conditions of a water leak adjustment policy identified below.
- I am aware of and agree to comply with the Water and Waste Water System Rules and Regulations identified in the St. Helena Municipal Code: <http://www.codepublishing.com/CA/StHelena>
 - The water meter is property of the City of St. Helena. Turning on or off, tampering with or adjusting the meter is prohibited.
 - I am aware the excess water usage must be 100% higher than normal usage based on an average of the same billing period for the previous three years or the available account history.
 - I certify that the leak was not the result of negligent, willful or neglectful behavior.
 - I am aware leak adjustments will not be granted if water use does not comply with other existing laws.
 - I am aware that one (1) leak adjustment may be granted no more than once every 60 months per account.
 - I am aware adjustments are for one month only.
 - I am aware if any insurance payment, reimbursement from any other entity other than the City, or equivalent is received, I must immediately notify the City and may be required to pay back the adjusted amount. If I have received reimbursement for this leak, I must provide copies of the documentation with this form.
 - **I am aware leak adjustments will not be granted if the City is in a Phase 1 or higher water emergency or subject to water use limitations by the State of California. Also, leak adjustments will not be granted if a local natural disaster has been declared.**

I am requesting relief under P-FI-0005 Leak Adjustment Policy set by the City of St. Helena. I certify the information provided is accurate and true, and agree to comply with all requirements as set forth in the policy. Failure to comply with Water and Waste Water System Rules and Regulations or falsifying information subjects water/waste water service to termination and possible criminal prosecution.

By signing this, I am formally requesting an appeal pursuant to Municipal code 13.04.180.

Signature	Print Name	Date
PLEASE SUBMIT APPLICATIONS TO:		QUESTIONS?
City of St. Helena: Utility Billing 1572 Railroad Avenue St. Helena, CA 95404		Email: water@cityofsthelelena.org Website: www.cityofsthelelena.org/water Phone: 707-968-2745

STAFF USE ONLY		
Billing month the leak occurred:	Prior Leak adjustment on file: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	Documentation of Repair attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Leak Verified by City Employee & Date of Verification: <input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___	Leak Letter Received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Average Water Usage calculated for adjustment
Total Water Usage adjusted:	Total Dollar Amount Adjusted:	Verified adjusted dollar amount with customer: <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Notes:		
Leak adjustment request is hereby: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected Reason for rejection:		
Signature	Print Name (Authorized Signature)	Date