



# CALAVERAS COUNTY WATER DISTRICT

120 Toma Court • P O Box 846 • San Andreas, CA 95249 • (209) 754-3543

## CCWD Leak Adjustment Request Form

I, \_\_\_\_\_, owner of \_\_\_\_\_, \_\_\_\_\_  
Print Name Property Address Parcel Number

hereby request a leak adjustment be made to my account pursuant to CCWD's Leak Adjustment Ordinance No. 2000 – 03 for the billing period of \_\_\_\_\_. I understand this leak adjustment will only be granted once every five years per water service account.

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date