

**CALIFORNIA-AMERICAN WATER COMPANY**

655 West Broadway, #1410

San Diego, CA 92101

NEW

C.P.U.C. SHEET NO.

8584-W

ORIGINAL

C.P.U.C. SHEET NO.

NEW

ADJUSTMENT REQUEST FORM

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 1173

DECISION NO. \_\_\_\_\_

ISSUED BY

J.T. LINAM

NAME

DIRECTOR - Rates & Regulatory

TITLE

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

DATE FILED 7-27-2017

EFFECTIVE 1-1-2018

RESOLUTION \_\_\_\_\_



**LOSS OF WATER ADJUSTMENT REQUEST FORM**

TODAYS DATE: \_\_\_\_\_

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

NAME ON ACCOUNT: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

Mailing Address if Different from Service Address:

\_\_\_\_\_

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: [infoca@amwater.com](mailto:infoca@amwater.com)

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

Please allow up to 20 days for processing.