



**City of Vacaville
Water Loss Adjustment Request Form**

Customer Name:
Service Address:
Mailing Address if Different:
No. Street City ZIP
Water Service Account Number:
<p>I have read the City's Water Loss adjustment policy and confirm that I am eligible for a credit based on the following situation:</p>

I certify that the above information is true and accurate. I have not had a water leak credit at the above service address for the past five years and understand that there is only one credit allowed every five years. I have attached copies of all related invoices and receipts to document my request.

Signature: _____ Date: _____

For City of Vacaville Staff Use Only

Received By: _____ **Date Received:** _____
Approved _____ **(Credit Amount)** **Credit Entered by:** _____ **Date Entered :** _____
Not Approved **Customer Notified:** _____ **Date Notification Sent:** _____