



## REQUEST FOR LOSS OF WATER ADJUSTMENT

GUIDELINES - Marin Water's Leak Adjustment program is for customers who experienced a water loss/leak, have fully repaired and addressed the water loss/leak and have not received an adjustment in the previous 36 months. A second water loss would be eligible to substitute for the first adjustment, provided the customer meets the requirements. The requirements and details on the program and information on how the adjustment amount is calculated are located in Marin Water's Code Section 6.01.090 'Adjustment of Bills for Loss of Water'.

### Program Requirements:

1. The water service must be in your name or you must be an authorized representative named on the water account.
2. Submit proof of corrective action to stop the water loss within 48 hours of discovery or notification of high consumption, pursuant to Marin Water's Code Section 13.02.020(1)(b).
  - a. Notification of high consumption examples include but are not limited to, bill reflecting increased consumption, door hanger, phone call, leak alert, email.
3. Submit proof of leak repair.
4. Submit proof of denied claim with your insurance company for adjustments in excess of \$5,000.
5. Submit signed completed application, with all required documentation within thirty days from the billing date for the period in which the water loss occurred.

**Please note:** Marin Water reserves the right to request additional information at any time. Marin Water may modify any or all eligibility criteria or program components, including discontinuing the program, by action of the Board of Directors.

This completed request form along with proof of repair must be sent within thirty days from the billing date for the period in which the water loss occurred to:

Attn: Leak Adjustment Marin Municipal Water District  
P.O. Box 994  
Corte Madera, CA 94976-0994

OR

Email: [customerservice@marinwater.org](mailto:customerservice@marinwater.org)

Please contact Customer Service at 415-945-1400 for additional information.

# REQUEST FOR LOSS OF WATER ADJUSTMENT

Complete ALL steps 1-9 below. Incomplete applications will be denied and require re-application.

**1. Customer Information:**

Customer Name:		Application Date:
Service Address:	City:	Zip:
Customer #:	Service #:	Phone #:
Mailing Address (if different):	City:	Zip:

**2. Location of water leak:** \_\_\_\_\_

**3. Water loss occurred (MM/DD/YYYY):** \_\_\_\_\_

**4. Corrective action to stop the water loss occurred (MM/DD/YYYY):** \_\_\_\_\_

**5. FINAL Repair to address all leaks at the service address occurred (MM/DD/YYYY) :** \_\_\_\_\_

**6. Is a copy of all required documentation included?** (refer to program requirements) (Circle one): Yes / No

**7. Describe the circumstances of the water loss, including the corrective action taken to stop and repair the water loss within forty-eight hours of discovering or being notified of a leak:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**8. DECLARATION and APPLICATION CHECKLIST: (Please read, check the three boxes, sign, and date.)**

I certify under penalty of perjury that the information on this application is truthful and correct. I have read and understand the requirements of the Leak Adjustment Program. I understand that if I receive an adjustment without qualifying for it, I may be required to pay back the adjustment I received.

→  I have read and understand the requirements of the Leak Adjustment Program and certify that I meet all of the program guidelines and qualifications.

→  I have included proof of full repair of the leak. Examples include: paid invoice for the specific leak repair work; written statement by the repairperson, notating work performed to repair the leak along with the date of repair; receipt indicating the parts purchased to repair the leak along with a statement of who performed the work, how the leak was repaired and the dates associated.

→  I have read and completed sections 1-8 above, signed and dated the application.

**9. Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SEND signed completed application and all required documentation to:** Email: customerservice@marinwater.org **OR** US MAIL to: Marin Water, PO Box 994 Corte Madera, CA 94976-0994

**Note: Incomplete applications will be denied and will require re-application.**

