



Chester Public Utility District

WATER & WASTEWATER · CHESTER, CALIFORNIA

P. O. Box 503, Chester, CA 96020 | (530) 258-2171 | chesterpud.org

WATER / SEWER BILLING ADJUSTMENT REQUEST

Water leak | Sewer charge for winter water use | Billing error

Use this one form for a water leak, a sewer charge based on winter water use, or a billing error. Fill in Sections 1, 2, 5 and 6, plus Section 3 and/or 4 if they apply. Please submit within 60 days of the bill you are asking about.

1. CUSTOMER INFORMATION

Customer name:		Account number:	
Service address:		Phone:	
Mailing address (if different):		Email:	

2. TYPE OF ADJUSTMENT (check all that apply)

- ☐ **Water leak** — credit on the water charge for a repaired leak (Policy 6040)
- ☐ **Sewer charge** — winter water use (November–April) that did not go into the sewer, from a repaired leak or outdoor use (Policy 6045)
- ☐ **Billing error** — meter misread, wrong rate, or other District error (Policy 6050)
- ☐ **Other:**

A leak between November and April can raise both your water bill and your sewer charge for the year. If so, check both boxes.

Bill date(s) in question:		Date problem began:	
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3. LEAK INFORMATION (complete if you had a leak)

Date leak discovered:		Date leak repaired:	
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Where was the leak? ☐ Service line (meter to house) ☐ Irrigation line ☐ Inside plumbing ☐ Other:

Other (describe)

Did the leaked water go down a drain or toilet? ☐ Yes ☐ No (went into the ground) ☐ Not sure

Who repaired it? ☐ Licensed plumber ☐ Customer ☐ Other

Plumber / company

Cause of the leak

4. OUTDOOR WATER USE (complete if water was used outdoors November–April)

What was the water used for? ☐ Livestock ☐ Irrigation ☐ Dust control ☐ Filling a pond ☐ Other:

Other (describe)

Estimated gallons used outdoors

Fixtures at the property	Toilets		Sinks		Showers/tubs		Washing machine		Other	
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5. EXPLANATION AND SUPPORTING DOCUMENTS

Tell us what happened and when it was fixed:

Attach (required): ☐ Repair receipt or invoice ☐ Photos ☐ Plumber's statement ☐ Proof of outdoor use
☐ Other:

6. CERTIFICATION

I certify that the information on this form is true and correct. I understand that submitting this request does not guarantee an adjustment, that adjustments follow District policy, and that the District may inspect the property to verify this request.

Customer signature: Date:

HOW TO SUBMIT THIS FORM

Save the completed form, sign it, and email it to Kelly Sanders, Billing Specialist, at ksanders@chesterpud.org. If your PDF viewer supports it, the button below will start the email for you. You can also mail it to P.O. Box 503, Chester, CA 96020, or bring it to the District office at 251 Chester Airport Rd., Monday through Friday, 8:00 a.m. to 4:30 p.m. (closed 12:00 to 1:00 p.m.). Questions: (530) 258-2171.

Email completed form to CPUD

Attach your receipts, photos or other documents to the same email, or include copies if you mail or drop off the form. You can also submit this request online at chesterpud.org.

FOR OFFICE USE ONLY

Date received / received by	
Policy applied	☐ 6040 ☐ 6045 ☐ 6050
Normal usage (history avg.)	
Billed usage	
Excess usage	
Corrected sewer charge	
Adjustment amount	
GM approved	☐ Yes ☐ No Date
On Billing Adjustment Log	
Posted in Inhance (date)	
Customer notified (date)	
Notes	