

EXHIBIT "A" TO RESOLUTION NO. 770

CITY OF RIO DELL
WATER BILL ADJUSTMENT CLAIM FORM

Instructions

1. Only claims exceeding an average water bill by \$10.00 or more are eligible for adjustment.
2. Present this form (with receipts for corrective measures) to the Water Department at City Hall after completion.

NAME OF CLAIMANT: _____

MAILING ADDRESS OF CLAIMANT: _____

ADDRESS OF WATER SERVICE: _____

MONTH and REASON FOR EXCESSIVELY HIGH WATER BILL:

Only claims involving water line leaks, breaks, vandalism, excusable neglect or City negligence will be considered.

I HAVE MADE THE FOLLOWING REPAIRS TO MY WATER SYSTEM:

No adjustment will be considered unless appropriate repairs or corrective measures have been taken. Attach copies of receipts.

I, _____ (Print name), declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration was signed on _____, 20____, at Rio Dell, California.

City of Rio Dell - Witness

Signature of Claimant