



CITY OF DIXON
WATER LEAK ADJUSTMENT FORM

Customer Name _____ Account Number _____
 Service Address _____ Phone Number _____
 Email Address _____
 Date Leak Occurred _____ Date of Repair _____

Describe leak and repairs made (attach receipts, work order, pictures)

By signing this request, I certify I understand the terms and conditions of the City of Dixon Water Leak Adjustment Policy and acknowledge that I will not be eligible for any additional leak adjustment for 36 months.

_____ Signature _____ Date

Please email or mail completed application to:

CITY OF DIXON
Finance Department - Utilities
600 E A St
Dixon, CA 95620
utility.billing@cityofdixon.us

OFFICE USE ONLY

Adjustment: Approved Denied Adjustment Date: _____

Adjustment Amount: _____ Completed By: _____

Notes:
