



# Scotts Valley Water District

P.O. BOX 660006 SCOTTS VALLEY, CA 95067-0006

(831) 438-2363 FAX (831) 438-6235

EMAIL: contact@svwd.org

Office Use Only

Customer # \_\_\_\_\_

Service Order # \_\_\_\_\_

## Leak Adjustment Request

Mail or fax your completed request form (with receipt) to Scotts Valley Water District.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Service Address: \_\_\_\_\_

Where Leak Occurred: \_\_\_\_\_

Repaired By: \_\_\_\_\_  
(Please provide copy of receipt.)

Date Leak Repaired: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide a brief explanation of events:

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