



**Scotts Valley Water District**  
2 Civic Center Drive Scotts Valley, CA 95066  
(831) 438-2363 FAX (831) 438-6235  
Email: [contact@svwd.org](mailto:contact@svwd.org)

Office Use Only  
Acct # \_\_\_\_\_  
Tax Lot # \_\_\_\_\_  
Meter # \_\_\_\_\_

## Leak Adjustment Request

Please return this completed form to the District, along with a copy of receipt for repair parts and/or labor, and any documenting photographs that document the leak and/or repairs. To return the form via email click the green save button below and send the form as an attachment to: [contact@svwd.org](mailto:contact@svwd.org). Forms can also be printed and submitted in person at our office, or sent by fax to: 831-438-6235.

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

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

Where leak occurred: \_\_\_\_\_

When and how leak was noticed: \_\_\_\_\_

Copy of receipt attached: Yes \_\_\_ No \_\_\_ Date leak repaired: \_\_\_\_\_

Provide a brief explanation of: 1) what was leaking and where, 2) when and how the leak was noticed, 3) what steps were taken to permanently repair the leak and 4) the date of repair.

I certify that all claims and information I have submitted above are accurate and true:

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