



REQUEST FOR LOSS OF WATER ADJUSTMENT

The undersigned hereby presents the following request for a loss of water adjustment pursuant to MMWD Code section 6.01.090.

NAME ON ACCOUNT: _____

SERVICE ADDRESS: _____

CUSTOMER NUMBER: _____

SERVICE NUMBER: _____

MAILING ADDRESS (if different from service address): _____

PHONE: _____

DESCRIPTION OF LOSS OF WATER

Date(s) water loss occurred: _____

Date of repair: _____

Location: _____

Describe the circumstances of the water loss, including corrective action that was taken:
(Attach copies of proof of repair)

Signature: _____ Date: _____

This completed request form along with proof of repair should be sent to:

Attn: Leak Adjustment
Marin Municipal Water District
220 Nellen Avenue
Corte Madera, CA 94925

Fax: 415-945-1141
Office: 415-945-1400
Email: customerservice@marinwater.org
Hours: 8:00 a.m. – 4:30 p.m.
www.marinwater.org

Additional information can be found at the following link:
<https://www.marinwater.org/232/Leak-Adjustment-Policy>

Per Section 06.01.090(d) of the MMWD Code:

Water loss adjustments will be limited to two billing periods, and will also be limited to one adjustment every thirty-six months. The thirty-six month period begins the first month of the billing period following the last billing period for which the loss of water adjustment was prepared.

Corrective action must be taken within forty-eight hours of discovering or being notified of a leak, pursuant to Section 13.02.020(1)(b), and provide the District with proof of repair within thirty days from the billing date for the period in which the water loss occurred.