



**CITY OF FORT BRAGG
FORT BRAGG WATER WORKS**

416 N FRANKLIN STREET
FORT BRAGG, CA 95437
PHONE: (707) 961-2825 FAX: (707) 961-2913

FINANCE DEPT. USE ONLY
CUSTOMER # _____
DATE RCVD _____
RCVD BY _____
APPROVED/DENIED _____
NEW WINTER AVE _____
REVIEWED BY _____

**REQUEST FOR ADJUSTMENT AND/OR
REVIEW OF WINTER AVERAGE**

SERVICE ADDRESS: _____

NAME: _____ CUST #: _____

MAILING ADDRESS: _____

CITY/ STATE/ZIP: _____ TELEPHONE: (____) _____

Please return this form to City Hall for review.

Please check one of the boxes below.

- I had a **leak** during the winter average months (Nov - Feb)
- I did not live at this address during the winter average months (Nov -Feb)
- Other (Please Explain) _____

- A. Requests for investigation of disputed bills shall be filed in writing with the city for consideration by the city manager or his/her designee. A disputed account will not be accepted as justification for nonpayment of a bill, and a service will be subject to discontinuance unless **payment in full is made pending a settlement of the dispute.**
 - B. If the request is approved then the adjustment will show on the next billing.
 - C. If the decision is in favor of the consumer, the consumer's water account shall be adjusted accordingly.
 - D. If the decision is against the consumer, the consumer shall be afforded an appeal to the city council. Such appeal must be taken within ten days of notification of the decision.
 - E. A reasonable appeal fee shall be charged as set by city council resolution.
 - F. All appeals shall be filed with the city clerk together with the required filing fee.
 - G. The city clerk shall notify the consumer of the date, time and place when the city council shall hear the appeal and, after hearing, of the decision of the city council.
- (Ord. 864 §10, 2007.)

Signature _____ Date _____