



**CALAVERAS  
COUNTY  
WATER  
DISTRICT**

Business Office  
423 East St Charles Street  
Post Office Box 846  
San Andreas, California 95249  
(209) 754-3543  
Fax (209) 754-1069

**CCWD Leak Adjustment Request Form**

I, \_\_\_\_\_, owner of \_\_\_\_\_, \_\_\_\_\_  
Print Name Property Address Parcel Number

hereby request a leak adjustment be made to my account pursuant to CCWD's Leak Adjustment Ordinance No. 2000 – 03 and Resolution No. 97-10. I understand this leak adjustment will only be granted once every five years per water service account.

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date