Rio Linda Elverta Community Water District

Request for Consideration of Billing Issues by the Board of Directors



Account Holder:		Account #:
Service Address:		
Check the appropriate box(s)	and specify which fees	you are requesting the Board to waive:
Account Deposit	Amount: <u>\$</u>	
Delinquency Notice Fee	Amount: <u>\$</u>	
48 Hour Notice Fee	Amount: <u>\$</u>	
Service Charges	Amount: \$	accessible to the public by request of
Shutoff Fee	Amount: \$	via the District website. However, the District will make reasonable attempts
Tampering Fee	Amount: \$	to preserve customer privacy via redaction, e.g. addresses, phone, email
Other	Amount: \$	
	Total: \$	
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<u>(</u> ,	Attached additional shee	ts if necessary)
		the information you have provided and acknowledge that all correspondence
	trict is subject to Californ	ia Public Records Act laws, and you further
acknowledge the board of bir	ectors runnigs are iniai.	
Signed:		Date:
Account Holder Contact Informa	 tion:	
•	- . •	provide with your preferred method for us to contact
you regarding the Board's decision Email Address:		
Phone Number:		
US Mail (provide mailing address)):	

Business Office

Account History – This includes all transactions up to the date form is signed			
Number of times Delinquency Notice sent in the past 12 months			
Number of times 48 Hour Notice sent in the past 12 months			
Number of times service was terminated for non-payment over the past 12 months			
Amortization Agreement on File: YES NO			
Additional Information:			
Resolution of the Issue and Feedback to Customer:			
Board Action Taken:			
Customer was contacted by Phone, US mail, Email.			
Date: Initials:			
Appropriate adjustments made to the account: Date: Initials:			
Notes added to the account: Date: Initials:			