



# City of Santa Fe

UTILITY BILLING WATER LEAK ADJUSTMENT APPLICATION  
PO BOX 909 - SANTA FE, NM 87504-0909  
CUSTOMER SERVICE (505) 955-4333/FAX (505) 955-4363  
[utilitycustomerservice@santafenm.gov](mailto:utilitycustomerservice@santafenm.gov)



Owner's Name: \_\_\_\_\_ Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Account # \_\_\_\_\_

Month Applying For: \_\_\_\_\_ (1 month maximum)

Explanation:

- I understand that I am responsible for all consumption. The adjustment will be based upon consumption billed at first tier of the water rate structure.
- I am applying for an adjustment to high consumption charges due to a water leak.
- Only one leak adjustment will be authorized per calendar year.
- No refund check will be issued for approved leak adjustments.
- The adjustment will be applied on the next bill after the application is approved.
- The leak is repaired. As proof that the leak has been fixed, I have attached:

Receipt from plumber

Notarized letter that I or a friend completed the repairs

Receipt for applicable parts

I acknowledge and agree to the above terms and I warrant the truthfulness of the information provided.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Please press the submit button once you  
have completed the form.  
This will e-mail it to the appropriate office.

## CITY USE ONLY

Approval is recommended. The current and past account has been reviewed and is attached. The criterion for the adjustment has been met.

Approval is not recommended. Reason: \_\_\_\_\_

Customer Service Representative: \_\_\_\_\_ Date: \_\_\_\_\_