



CITY OF LA MESA APPLICATION FOR SEWER SERVICE CHARGE ADJUSTMENT

APN: _____
ASSESSORS PARCEL NUMBER

ACCT #: _____
HELIX ACCOUNT NUMBER

OWNER NAME: _____

MAILING ADDRESS: _____ ZIP CODE: _____

SERVICE ADDRESS: _____

PHONE: () _____ EMAIL: _____

REASON FOR ADJUSTMENT: *Check only one - describe in space below*

NEW PROPERTY OWNER _____ TYPE: Single fam _____
Move in Date? (Month/Year) _____ Multi fam _____
Business _____

WATER LEAK _____
When did leak occur? (Month/Year) _____ Amount of Water Used _____

NEW METER / NO CONSUMPTION HISTORY _____
Meter installation date (Month/Year) _____

OTHER REASON (Please describe) _____

ADDITIONAL INFORMATION: _____

PLEASE NOTE: ADJUSTMENT REQUESTS MUST BE SUBMITTED BEFORE JULY 31ST TO BE INCLUDED ON THE PROPERTY TAX BILL FOR THE CURRENT FISCAL YEAR. ADJUSTMENTS MADE AFTER JULY 31ST MAY REQUIRE AN AMENDED PROPERTY TAX BILL TO BE SENT BY THE COUNTY.

Property Owner Signature Date

| Adjustment Type: 1 2 3 4 | For City Use Only | | Approved: Yes No | |
|---|-------------------|----------|------------------|-----------------------|
| | Actual | Adjusted | | |
| Original Bill Amt. _____ | Jan/Feb 20____ | _____ | _____ | Expires: _____ |
| Adjusted Bill Amt. _____ | Mar/Apr _____ | _____ | _____ | Sewer Code: _____ |
| Adjustment or Refund _____ | Jan/Feb _____ | _____ | _____ | 5-Year Average: _____ |
| | Mar/Apr _____ | _____ | _____ | Actual _____ |
| | Jan/Feb _____ | _____ | _____ | Adjusted _____ |
| | Mar/Apr 20 ____ | _____ | _____ | |
| RECOMMENDATION: _____ _____ _____ | | | | |
| Adjustment/Refund Approved by: _____ | | | Date: _____ | |

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APN: Provide the 10-digit Assessor's Parcel Number for the property you are requesting an adjustment for.
Example: 123-456-78-90

ACCT #: Provide the Helix Water District service account number for the account to be adjusted.
Your account number is usually 7 to 9 numbers and it appears in the top left section of your Helix water bill.

OWNER NAME: First and last name of the property owner on record with the County.

MAILING ADDRESS: Property owner mailing address including the city and state where notification will be mailed.

ZIP CODE: Postal code for property owner mailing address.

SERVICE ADDRESS: Provide the property address of the account you are requesting an adjustment for.
This is the address shown on your Helix Water District bill as Service Address.

PHONE: Provide a daytime phone number where you can be reached in case we have any questions

EMAIL: (Optional)

REASON FOR ADJUSTMENT

Choose one from list:

1. New Property Owner
2. Water Leak
3. New Meter/No Consumption History
4. Other reason

Select one of the reasons from the list and complete the information to the right of the reason in the space provided on the form. For example, if you check the box on the left next to Water Leak, in the spaces provided on the right on the form, provide the month and year the leak occurred and the amount of water used during that period.

ADDITIONAL INFORMATION

Provide any additional information that will help explain the requested billing adjustment.

Sign and date the form and submit in person or by mail to City of La Mesa Sewer Billing,
8130 Allison Avenue, La Mesa, CA 91942

Completed forms may also be submitted via e-mail to tcable@cityoflamesa.us

YOUR REQUEST WILL BE REVIEWED BY THE CITY. CITY STAFF MAY CONTACT YOU TO VERIFY OR OBTAIN ADDITIONAL INFORMATION. NOTIFICATION OF APPROVAL WILL BE MAILED OR E-MAILED WITHIN 30 DAYS.

QUESTIONS:

Please call the City of La Mesa at 619.667.1338.