RIALTO WATERSERVICES

VEOLIA

Customer Service and Utility Billing Department
437 N. Riverside Avenue, Rialto CA 92376
Office: (909) 820-2546 Fax: (909) 784-0312
utilitybilling@rialtoca.gov

WATER ADJUSTMENT REQUEST

Date:_____

Dear Customer Service Division:

We have received a high water bill for service at _____

Account Number:_____ A/an _____

leak was discovered which has been repaired by _____

I understand that it is my responsibility to furnish proof that the leak existed and that repairs have been made.

Date of repair(s) _____

Location of repair(s) _____

I have enclosed a purchase receipt _____ a plumber's receipt_____ and /or a notarized statement from the repair person.

Please approve the maximum credit to adjust my account.

Name:_____

Mailing Address:_____
Street *City* *State* *Zip*

Service Address:_____
Street *City* *State* *Zip*

Phone Work: _____ Home:_____

OFFICE USE ONLY

Cycle _____ Customer Service Personnel _____ Date _____

Mission Statement
To provide exceptional city services in the most professional, courteous and effective manner to enhance the quality of life in the City of Rialto.