

**BUREAU OF SANITATION - FINANCIAL MANAGEMENT DIVISION (FMD)  
COMMERCIAL SEWER SERVICE CHARGE (CSSC) REQUEST FOR ADJUSTMENT**



**Please complete and sign the form, attach a copy of your DWP bill, and**

**MAIL TO:**

**OR**

**FAX:**

BUREAU OF SANITATION  
COMMERCIAL SSC, PO BOX 79112  
LOS ANGELES, CA 90079-0112

213 485-2984 OR  
213 485-4269

To assist us in making an appropriate determination regarding your request for a sewer service charge adjustment, please provide detailed information regarding your request.

Your name: \_\_\_\_\_ (Required if requesting an adjustment)

Service address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address: \_\_\_\_\_

(if different from service address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number (\_\_\_\_\_) \_\_\_\_\_

**Type of Adjustment Requested**

Vacancy Dates: \_\_\_\_\_  Water Leak Date: \_\_\_\_\_  
(start date – end date) (must submit repair bills with dates)

Multi-Family Dwelling: \_\_\_\_\_  Other: \_\_\_\_\_  
(# of units, bedrooms and irrigated area. (see Irrigation requirement at right.)

Water Evaporated by Cooling Tower: \_\_\_\_\_  Irrigation: \_\_\_\_\_  
(Provide #, chiller tonnage, Δ, % load factor, etc below) (square footage of the irrigated area)

**State what you are asking for (required):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Note: use opposite side of form for additional space)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(must include the signature of the customer of record or joint account holder)

Please provide your email address to receive confirmation of receipt of your request:

Email Address: \_\_\_\_\_

Sanitation Hotline: 1 800 540-0952 or 213 473-4181

(Revised July 2008)