

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



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

**MAIL TO:**

**BUREAU OF SANITATION  
RESIDENTIAL SSC, PO BOX 79083  
LOS ANGELES, CA 90079-0083**

**OR**

**FAX:**

**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 # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Language Preference:  English  Spanish  Other: \_\_\_\_\_

Do you have Ultra-Low-Flush (ULF) toilets? Y / N Number: \_\_\_\_\_ Occupants: \_\_\_\_\_  
(please indicate "Y" for yes "N" for no) (number of people living at premises)

**Type of Adjustment Requested**

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

Construction Start Date: \_\_\_\_\_  Other: \_\_\_\_\_  
(must include copy of demolition permit with sewer cap i.d.#)

Swimming Pool Refill Date: \_\_\_\_\_  Planted New Lawn: \_\_\_\_\_  
(must include pool dimensions, capacity and repair bills) (must submit copy of dated receipt)

**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: \_\_\_\_\_