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 number: _(____)_____

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: _____ (start date – end date)
- ☐ Water Leak Date: _____ (must submit dated repair bills)
- ☐ Construction Start Date: _____ (must include copy of demolition permit with sewer cap i.d.#)
- ☐ Other: _____
- ☐ Swimming Pool Refill Date: _____ (must include pool dimensions, capacity and repair bills)
- ☐ Planted New Lawn: _____ (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: _____