



Commercial Sewer Service Charge (CSSC) Request for Adjustment

LA SANITATION - Financial Management Division (FMD)

www.lacitysan.org

Customer Care Center
1 (800) 773-2489

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 # (____) _____ Cell # (____) _____

Language Preference: ☐ English ☐ Spanish ☐ Other: _____

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 March 2009)