



# Residential Sewer Service Charge (RSSC) Request for Adjustment

## LA SANITATION - Financial Management Division (FMD)

[www.lacitysan.org](http://www.lacitysan.org)

**Customer Care Center**  
**1 (800) 773-2489**

**Adjustment Requests may now be completed online. Please submit your request online at:**

<https://myla311.lacity.org/>

**OR Complete and sign this form, attach a copy of your LADWP bill and:**

**Mail To:** LA Sanitation, Residential SSC  
PO Box 79083  
Los Angeles, CA 90079-0083  
**Or Email to:** [san.rssc@lacity.org](mailto:san.rssc@lacity.org)

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

LADWP Account Number: \_\_\_\_\_

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

Service Address: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

(If different from service address)

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

Telephone Number: ( ) \_\_\_\_\_

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

Do you have Ultra-Low-Flush (ULF) toilets? Y/ N Number: \_\_\_\_\_ Occupants: \_\_\_\_\_  
(Circle "Y" for Yes or "N" for No) (Number of people living at premise)

### Type of Adjustment Requested

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Vacancy Dates:</b> _____<br>(Must state Start date to End date)   | <input type="checkbox"/> <b>Water Leak Date:</b> _____<br>(Must submit dated repair bills)     |
| <input type="checkbox"/> <b>Construction Start Date:</b> _____<br>(Must submit copy of demolition permit with Sewer Cap ID Number)                            | <input type="checkbox"/> <b>Other:</b> _____   |
| <input type="checkbox"/> <b>Swimming Pool Refill Date:</b> _____<br>(Must state pool dimensions (length, width, depth), capacity and submit any repair bills) | <input type="checkbox"/> <b>Planted New Lawn:</b> _____<br>(Must submit copy of dated receipt) |

Provide details of what you are asking for (required):

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(Additional space is provided on the reverse side of this form)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Must be the signature of the customer of record or joint account holder)

To receive confirmation of receipt of your request, please provide your email address:

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

(Revised August 2019)

Provide additional details to support your request for a sewer service charge adjustment: