



**CITY OF LA MESA APPLICATION FOR
SEWER SERVICE CHARGE ADJUSTMENT**

APN: _____
ASSESSORS PARCEL NUMBER

ACCT #: _____
HELIX ACCOUNT NUMBER

OWNER NAME: _____

MAILING ADDRESS: _____ ZIP CODE: _____

SERVICE ADDRESS: _____

PHONE: () _____

EMAIL: _____

REASON FOR ADJUSTMENT: *Check only one - describe in space below*

NEW PROPERTY OWNER

_____ Move in Date? (Month/Year)

Single fam _____

TYPE: Multi fam _____

Business _____

WATER LEAK

_____ When did leak occur? (Month/Year)

_____ Amount of Water Used

NEW METER / NO CONSUMPTION HISTORY

_____ Meter installation date (Month/Year)

OTHER REASON

(Please describe) _____

ADDITIONAL INFORMATION: _____

PLEASE NOTE: ADJUSTMENT REQUESTS MUST BE SUBMITTED BEFORE AUGUST 1ST TO BE INCLUDED ON THE PROPERTY TAX BILL FOR THE CURRENT FISCAL YEAR. ADJUSTMENTS MADE AFTER AUG. 1ST MAY REQUIRE AN AMENDED PROPERTY TAX BILL TO BE SENT BY THE COUNTY.

Property Owner Signature

Date

Adjustment Type: 1 2 3 4	For City Use Only		Approved: Yes No	
	Actual	Adjusted		
Original Bill Amt. _____	Jan/Feb 20____	_____	_____	Expires: _____
	Mar/Apr _____	_____	_____	Sewer Code: _____
Adjusted Bill Amt. _____	Jan/Feb _____	_____	_____	5-Year Average: _____
	Mar/Apr _____	_____	_____	Actual _____
Adjustment or Refund _____	Jan/Feb _____	_____	_____	Adjusted _____
	Mar/Apr 20 ____	_____	_____	
RECOMMENDATION: _____				

Adjustment/Refund Approved by: _____ Date: _____				

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APN

Provide the 10-digit Assessor's Parcel Number for the property you are requesting an adjustment for.

Example: 123-456-78-90

ACCT #

Provide the Helix Water District service account number for the account to be adjusted. Your account number is usually 7 to 9 numbers and it appears in the top left section of your Helix water bill.

OWNER NAME

First and last name of the property owner on record with the County.

MAILING ADDRESS

Property owner mailing address including the city and state where notification should be mailed.

ZIP CODE

Postal code for property owner mailing address.

SERVICE ADDRESS

Provide the property address of the account you are requesting an adjustment for. This is the address shown on your Helix Water District bill as Service Address.

PHONE

Provide a daytime phone number where you can be reached in case we have any questions.

EMAIL

E-mail address for property owner. (Optional)

REASON FOR ADJUSTMENT

Choose one from list:

1. New Property Owner
2. Water Leak
3. New Meter/No Consumption History
4. Other reason

Select one of the reasons from the list above and complete the information to the right of the reason in the space provided on the form. For example, if you check the box on the left next to Water Leak, provide the month and year the leak occurred and the amount of water used during that period, in the spaces provided on the form.

ADDITIONAL INFORMATION

Provide any additional information that will help explain the requested billing adjustment.

PROPERTY OWNER SIGNATURE

Sign and date the form and submit in person or by mail to:

City of La Mesa Sewer Billing,
8130 Allison Avenue, La Mesa, CA 91942

Completed forms may also be submitted via e-mail to tcable@ci.la-mesa.ca.us

YOUR REQUEST WILL BE REVIEWED BY THE CITY. CITY STAFF MAY CONTACT YOU TO VERIFY OR OBTAIN ADDITIONAL INFORMATION. NOTIFICATION OF APPROVAL WILL BE MAILED OR E-MAILED WITHIN 30 DAYS.

QUESTIONS

Please call the City of La Mesa at 619.667.1338.