

Waterworks District No 2, Parish of Beauregard

REQUEST FOR ADJUSTMENT

AG Opinion 08-0256 (172-A) Water Districts-Political Subdivision: LA R.S. 29:722 Act of God: ADJUSTMENT OF BILLS

Because of the AG Opinion 08-0256 (172-A) and Hurricane Laura, being a natural disaster (**Act of God**) the Board of Commissioners, or their designee has the authority to make adjustments to water bills resulting from involuntary use of water due to leaks caused during the natural disaster to a customer's service line. The Commissioners are allowed by law to make only 2 types of adjustments; (a) the error is the district's, or (b) a natural disaster, an Act of God.

In order to obtain a downward adjustment to your average usage, the account holder must provide a written request seeking the adjustment and the reason for the same. The request must be received in the water district office within 30 days after the billing date of October 10, 2020, and must be accompanied by evidence that the repair has been completed, such as a plumber's bill, receipts and photos of the repair if the customer completed the repair themselves. **The water bill adjustment shall be limited to usage from a leak between August 27, 2020 to September 15, 2020 billing period caused by the natural disaster. Such adjustments shall only be granted once for the hurricane Laura disaster.**

Please complete the information below and submit with proof of repair. If you have any questions, you may call our office at 337-462-6805 during Monday – Thursday 7:00 a.m. to 5:00 p.m., Friday: 8:00 a.m. to 12:00 p.m.

Date: _____

Account Number: _____

Account Name: _____

Service Address: _____

Phone Number: _____

I am requesting a downward adjustment to my account for repairs to my water line completed on

Date: _____ Due to: _____ (Reason)

(Please attached any photos, receipts, and invoices that apply to repairing your water line)

I understand that this is a one-time adjustment due to the natural disaster, and I agree with the terms for the adjustment.

Account holder's signature

Date

OFFICE USE:

Verified all requirements are completed _____ Date Received: _____