

**WESTBOROUGH WATER DISTRICT
APPEAL FOR WATER BILLING ADJUSTMENT**

Name _____

Service Address _____

Daytime Telephone Number _____ Acct. Number _____

Billing Period _____

Date first became aware of leak _____

Please explain what action was taken to correct the leak. Please attached copies of receipt(s) related to any repair work if available.

Signature _____

Date _____

Westborough Water District
P.O. Box 2747
South San Francisco, CA 94083
(650) 589-1435