



CITY OF LAKEPORT
 225 PARK STREET, LAKEPORT, CA 95453
 Phone: (707) 263-5615 ext. 10 or 18 / fax: (707) 263-8584
REQUEST FOR REDUCTION IN WATER/SEWER/GARBAGE CHARGES

Account Holder OWNER TENANT

Account Number _____
 Name _____
 Service Address _____
 Company Name (if any) _____
 Mailing Address _____
 City, State, Zip _____
 Phone _____
 Email _____

Type of Account:

Residential*
 Commercial

Reduction of charges requested for:

Water Fees Garbage Fees
 Sewer Fees Late Fee(s)
 Other

For what month(s) _____

Please explain your reason for requesting a reduction in fee(s), including information on any related water leak (if applicable), and/or request for payment arrangements:

*City policy does not allow for the reduction of residential sewer charges.

Signature _____ Date _____

FOR CITY USE ONLY: Date received: _____
 Sent to Utility Superintendent for review:
 COMMENTS/ACTION :

 FINANCE DIRECTOR _____ DATE _____
 CUSTOMER CALLED BY FINANCE DEPARTMENT, DATE: _____