

**Elsinore Valley Municipal Water District**  
P.O. Box 3000, 31315 Chaney St, Lake Elsinore, CA 92531  
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**Application for Commercial Sewer Usage Appeal**

**This application has been created using Adobe Acrobat and all fields and check boxes can be populated electronically. Move pointer to field and cursor will appear. Fill in entire form, print out, sign and return to District Customer Service staff.**

This form is intended for use by commercial customers that have experienced extraordinary water usage due to a leak, or other issue, which has impacted the water consumption based sewer charge. Adjustments to bills will only be considered if an appeal is submitted within 2 months from the end of the billing period(s) in question and if the water usage in question is at least 100% more than the average water usage for the property during the same time of the year and over a period of several years (if applicable). If approved, the sewer charge will be based upon the previous year's sewer charge for the same billing period.

Appeals will not be considered until it has been demonstrated that the property's water usage has returned to a "normal" level. If your appeal is approved, an adjustment will be applied to your bill and a letter will be sent informing you of the adjusted amount and the remaining balance of your bill.

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Application Date: \_\_\_\_\_ EVMWD Account #: \_\_\_\_\_

Name As It Appears On EVMWD Account: \_\_\_\_\_ Owner \_\_\_\_\_ Tenant \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Service Location: \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Billing Address (if different than service address):

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_(\_\_\_\_\_) \_\_\_\_\_ Cell Phone: \_(\_\_\_\_\_) \_\_\_\_\_ Fax: \_(\_\_\_\_\_) \_\_\_\_\_

Time Period of Extraordinary Water Use (Date or Date Range): \_\_\_\_\_

Detailed Explanation for Extraordinary Water Use:

Have Repairs Been Completed:       Yes       No

Were Costs Incurred for Repairs:       Yes       No

Repaired by:       Owner       Professional

**\* Please provide copy of receipts for all expenses associated with the repair.**

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**By my execution of this application, I agree to abide by the stipulations as outlined on this form and those of the Elsinore Valley Municipal Water District's Administrative Code. I further understand that I am required to make payments towards my bill in dispute equal to my normal monthly usage for the same time period as in previous years and all subsequent bills must be kept current. I also understand and agree that the District reserves the right to inspect all repairs made on my property related to this application and I will ensure that myself, or a personal representative, is available for an onsite inspection.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_