



# ONE-TIME ADJUSTMENT APPLICATION

City of Grass Valley Public Works Department  
125 E Main Street, Grass Valley, CA 95945  
Phone: (530) 274-4304  
Fax: (530) 274-4399

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Non-beneficial use of domestic water: A one-time only adjustment for non-beneficial use of domestic water may be granted by the Director of Finance if no adjustments have been granted in the last 5 years and it is deemed that the usage is unusually large. Unusually large usage shall be defined as at least 2-1/2 times the usage for a comparable period.

Adjustment Procedure: The normal usage for a comparable period shall be subtracted from the total actual usage. A credit shall be calculated on the difference using the prevailing usage rate of the account. All qualifying adjustments will be applied to the account as a credit. Applications for one-time adjustments must be submitted within 2 billing cycles of the non-beneficial usage. Adjustments will only be made for non-beneficial usage within the previous 2 billing cycles. Please return this completed application to City Hall and allow 30 days from our receipt date for processing. Incomplete applications will be denied.

Additional Requirements: If the service address is a business on Nevada Irrigation District water, you must first qualify for a water adjustment with NID and provide the City with a copy of their adjustment Form 4-E.2 along with this application.

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Service Address: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Explanation of high usage: \_\_\_\_\_

\_\_\_\_\_

Leak Discovery Date: \_\_\_\_\_ Estimated Leak Start Date: \_\_\_\_\_

Date Repaired: \_\_\_\_\_ Repaired By: \_\_\_\_\_

I, (please print name) \_\_\_\_\_, the legal owner of the property listed above, understand that filing for a One-Time Adjustment is NOT an extension of time to pay my bill, and I agree to pay the equivalent of the last bill prior to discovery of non-beneficial usage. I understand that if I do not pay this minimum amount by the regular payment deadline I may be subject to a \$64 Door Hanger Fee and interruption of service. I agree to accept this adjustment and understand no further adjustments will be allowed within the next 5 years.

\_\_\_\_\_  
Property Owner Signature (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner Mailing Address

\_\_\_\_\_  
Phone #

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**FOR CITY STAFF USE ONLY**

Comments: \_\_\_\_\_

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