

**BUREAU OF SANITATION - FINANCIAL MANAGEMENT DIVISION (FMD)  
COMMERCIAL SEWER SERVICE CHARGE (CSSC) REQUEST FOR ADJUSTMENT**



**PLEASE PRINT, FILL IN THE FORM, SIGN IT,  
ATTACH A COPY OF YOUR DWP BILL, AND MAIL TO FMD:**

BUREAU OF SANITATION  
COMMERCIAL SSC  
PO BOX 79112  
LOS ANGELES, CA 90079-0112

OR FAX TO: **213 485-2984** OR 485-4269

If your question does not involve a specific address, just fill in the appropriate information. We will need as much information as you can provide so that we can start an SSC adjustment investigation. See [infoneed.pdf](#).

Your name: \_\_\_\_\_ (Required if requesting an adjustment)

Service address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address: \_\_\_\_\_

(if different from service address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number: ( ) \_\_\_\_\_

**Type of Adjustment Requested**

- |   |  |
|---|--|
| <input type="checkbox"/> Vacancy Dates: _____<br>(start date – end date)  | <input type="checkbox"/> Water Leak Date: _____<br>(must submit repair bills with dates) |
| <input type="checkbox"/> Multi-Family Dwelling: _____<br>(Give # of units, bedrooms and irrigated area. See Irrigation at right.) | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Water Evaporated by Cooling Tower: _____<br>(Give #, chiller tonnage, Δ, % load factor, etc below)       | <input type="checkbox"/> Irrigation: _____<br>(square footage of the irrigated area)     |

**State what you are asking for (required):** \_\_\_\_\_

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See [infoneed.pdf](#)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(required for adjustment request) Hotline: 1 800 540-0952 or 213 473-4181 (Rev. 4/1/08)