



# St. Mary's County Metropolitan Commission

23121 Camden Way, California, MD 20619

*Serving our customers since 1964*

[www.metcom.org](http://www.metcom.org)

Potable Water Distribution - Wastewater Collection / Treatment

Phone: 301-737-7400  
FAX: 301-737-7459

## Water Use Billing Adjustment Form

Effective April 25, 2019, MetCom approved The Water Use Billing Adjustment Policy which states that all customers who experience unusually high water usage with a corresponding increase in their monthly water bill may be eligible for a billing adjustment, must submit a Water Use Billing Adjustment Form along with justification and any supporting documentation. The request must be made within 90 days of the customer's receipt of the first water usage billing indicating excessive charges believed to be attributable to the Water Leak.

### Water Use Adjustment Guidelines

- Only one (1) Water Leak adjustment will be allowed, per property, in a three (3) year period; and
  - Water Leak billing adjustments will cover no more than two (2) consecutive months; and
  - Water consumption should exceed at least twice the previous year's same month usage or at least twice the average monthly usage over the previous 12 month period, whichever is higher; and
  - Adjustments will be made based on the rates of the next lowest Tier; and
  - The customer shall be required to pay the full amount of the water/sewer ready to serve charges, water/sewer system improvement charges, and State Bay Restoration Fund charges regardless of usage, while a Water Use Billing Adjustment request is being processed; and
  - In no case should an adjustment in billing be less than 50% of the original bill amount.
  - No bill adjustments < \$50 under this Policy will be authorized; and
  - Requests for individual adjustments >\$500 will be deferred to the Board for action; and
  - Fiscal staff shall track and report the cumulative impacts of all water leak adjustments in their monthly report to the Board.
- 1) All customers requesting a billing adjustment in accordance with these guidelines are required to pay their bill in full or make payment arrangements while this form is being processed.
  - 2) For customers with less than 12-months water usage, Utilities staff will estimate 12 months of usage.

Customer Information Name: \_\_\_\_\_

Account #: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Leak Information Date Leak Detected: \_\_\_\_\_ Date Leak Repaired: \_\_\_\_\_

Please Provide Brief Explanation of Repairs Below:

Attach supporting documentation

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send form and required receipts to MetCom, 23121 Camden Way, California, MD 20619 or Fax to 301-737-7459 or Email to [billing@metcom.org](mailto:billing@metcom.org).

Form Date 5/16/16 (Rev. 4/11/19)

## For MetCom Use Only

Month #1	October	Billed	Adj. Gallons	Revised
<b>Fixed Charges</b>	Sys Imp Charge	\$		\$
	Ready to Serve Charge	\$		\$
	Bay Restoration Fee	\$		\$
	Sewer Usage	\$		\$
<b>Usage Charges</b>	Tier One [gallons] 5,000	\$		\$
	Tier Two [gallons] 14,999	\$		\$
	Tier Three [gallons] 109,663	\$		\$
	<b>TOTAL</b>	\$		\$

Possible adjustment in Bill: \$ (Circle One)

Is resulting total bill not less than 50% of original: YES NO

Is resulting bill adjustment < \$50: YES NO

Is resulting bill adjustment >\$500: YES NO

If YES, forwarded to Board for Agenda Dated: \_\_\_\_\_

Adjustment Approved: YES NO

Month #2	[month]	Billed	Adj. Gallons	Revised
<b>Fixed Charges</b>	Sys Imp Charge			
	Ready to Serve Charge			
	Bay Restoration Fee			
	Sewer Usage			
<b>Usage Charges</b>	Tier One [gallons]			
	Tier Two [gallons]			
	Tier Three [gallons]			
	<b>TOTAL</b>			

Possible adjustment in Bill: (Circle One)

Is resulting total bill not less than 50% of original: YES NO

Is resulting bill adjustment < \$50: YES NO

Is resulting bill adjustment >\$500: YES NO

If YES, forwarded to Board for Agenda Dated: \_\_\_\_\_

Adjustment Approved: YES NO

**CUSTOMER REQUEST CALCULATED/REVIEWED BY:** \_\_\_\_\_

**CUSTOMER WAS NOTIFIED OF BILLING ADJUSTMENT RESULT ON:** \_\_\_\_\_

Attach this form and documentation to customer file.