



*Subject: Catastrophic Water Loss Policy*

*Function: Utility Billing*

*Issued By: Village Board*

*Date: May 1, 2017*

To be considered for a water billing adjustment under this policy, the following criteria must be met:

1. Water billing adjustments will only be made in the event of a major domestic water plumbing problem (broken pipe etc.) within the residence, the cause of which was beyond the control of the resident. Water leaks as a result of frozen water service lines within the home will not be considered if due to neglect of the homeowner or tenant (ie: heat turned off to building or set too low, water pipes not properly insulated or protected from drafts etc.) Under no circumstances will adjustments be considered for issues involving leaking toilets, water softener/water filtration equipment malfunctions.
2. It must be evident that the resident was not able to use the domestic water lost for personal consumption (e.g., diversion to a pool, spa, irrigation system, cross-plumbing etc.). Water use due to water activated sump pumps or other water activated devices that are designed to use water for operational purposes or, malfunctions of such equipment, will not be considered for any adjustment under this catastrophic policy.
3. The water bill must be at least four (4) times the average bi-monthly billing for the residence to qualify, based upon the previous year's usage.
4. For owner-occupied dwelling units, the owner must demonstrate to the satisfaction of the Village that his/her homeowner's insurance policy will not cover the cost of the water loss. For tenant-occupied dwelling units, both the tenant and the owner must demonstrate to the satisfaction of the Village that their respective insurance policies will not cover the cost of the water lost.
5. Evidence must be submitted to demonstrate that all necessary repairs to correct the problem have been taken.
6. The account in question must be current with no outstanding balances or late charges due.
7. Tenants must provide evidence that they are responsible for payment of the water bill (e.g., cancelled checks, copies of lease agreements, etc.).

If these criteria are met:

1. The water consumption portion of the utility bill will be reduced by difference between the consumption billed to the user for the bi-monthly (period) in which the catastrophic water loss took place and the user's average consumption based upon the annualized average contemplated above. The owner or tenant will be responsible for paying the remaining portion of the catastrophic water loss along with all associated water service, sanitary, garbage fees and other charges included in the utility bill.
2. Only under extraordinary circumstances will the same customer be considered for a second adjustment.

Any party who believes that they should be considered for relief in excess of that contemplated herein may submit a written appeal to the Village Board. The Board may grant such request, may deny the request, or may modify the request. Any such written appeal shall constitute the applicant's consent for the disclosure of their utility usage and billing history to the Village Board (and public) in connection with the agenda item.



**CATASTROPHIC WATER LOSS CLAIM**

**To Qualify:** The leak was beyond control of the resident and repairs have been made to correct the issue. Running toilets, water softener/water purifiers and water operated sump pump malfunctions **do not** qualify under the Catastrophic Water Loss Policy.

- 1. Property Owners Name: \_\_\_\_\_ Account # \_\_\_\_\_
- 2. Property Owners Address: \_\_\_\_\_  
\_\_\_\_\_
- 3. Contact Information: Phone # \_\_\_\_\_ Email \_\_\_\_\_
- 4. Property / Account Address \_\_\_\_\_  
\_\_\_\_\_

Describe Leak: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 5. Who Repaired Leak? \_\_\_\_\_ Date Repaired: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone# \_\_\_\_\_

**Provide address and phone number of individual responsible for making repairs.**

- 6. Amount of water used \_\_\_\_\_ units and billed \$ \_\_\_\_\_ due to leak.
- 7. Leak occurred from \_\_\_\_\_ to \_\_\_\_\_. (dates)

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

**Billing Dept.**

Verified Claim form is complete & all information attached: Date & Initials \_\_\_\_\_

Verified there are no outstanding balances owed prior to leak: Date & Initials \_\_\_\_\_

Proposed Adjustment \$ \_\_\_\_\_

**Commission**

Claim Affirmed \_\_\_\_\_ Amount of Adjustment \$ \_\_\_\_\_

Claim Denied \_\_\_\_\_

Reason for Denial of Claim  
\_\_\_\_\_  
\_\_\_\_\_

Signatures: \_\_\_\_\_ (Public Works Director) \_\_\_\_\_ (Finance Director)