REQUEST FOR WATER/SEWER LEAK ADJUSTMENT

Customer Information

Name on Account:_____Account Number:_____

Contact Phone No#:_____ServiceAddress:_____

Mailing Address:_____

Leak Repair Information

Type of Adjustments Requested:

___ 50% Adjustment Water(once per year) ____ 100% Adjustment Water (once per history of ownership of property)

___ 50% Adjustment Sewer(once per year) ____ 100% Adjustment Sewer (once per history of ownership of property)

Date Leak Discovered:_____Date Leak Repaired:_____

Description of Leak:_____

_____

Repaired by **(documentation attached)**

_____ Customer _____Contractor

PLEASE NOTE: Completion of this form does not guarantee adjustment will be made to your bill. All adjustments are issued based on average usage for previous account history and are credited on your bill. Once the review is complete, you will receive notification of results from the Utility Billing Office. We cannot guarantee approval/disapproval on current bill. Please return the completed application to the Utility Billing Office with required documentation.

I have read, understand, and agree with the leak adjustment guidelines.

Signature:_____ Date Submitted:_____

Property Owner Signature _____

For Office Use Only	Date Received	Receipts and/or Photos: Yes_____ No_____
Amount of Original Bill	Billing period of leak:	Average Usage
Total Leak Credit Amount	Approval Date	Denial Date
Approval	Approval	Approval