

## **LEAK ADJUSTMENT APPLICATION**

**Account Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approximate Date Leak Occurred:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### **Home Owner Information**

**Name:** \_\_\_\_\_ **Service Address:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Type of Leak** \_\_\_\_\_

- **Did water enter the sanitary sewer system or a drain?**  
\_\_\_\_\_
- **When were you first aware that you were experiencing a problem?**  
\_\_\_\_\_
- **Were the premises left unattended for a period of two (2) weeks or more during the time the leak occurred?**  
\_\_\_\_\_

**Usage must be at least 10,000 gallons over your average bi-monthly usage.**

**Immediate steps must be taken, within seven (7) calendar days, to correct the situation. Undue delay by the owner shall cause forfeiture of any adjustment.**

**Before an adjustment can be given, a receipted statement from a licensed plumber or a signed statement from the property owner must be turned in to our office stating the leak has been repaired.**

**Property Owner Signature:** \_\_\_\_\_

**Public Works Director:** \_\_\_\_\_ **Utility Director Signature:** \_\_\_\_\_

**Date Adjustment Was Completed:** \_\_\_\_\_ **Amount of Adjustment:** \_\_\_\_\_