



Leak Adjustment Request Form

(No leak adjustment will be approved if caused by negligence (e.g. unattended or forgotten faucet))

Owner's Name: _____ Account #: _____

Service Address: _____ Phone #: _____

Date Leak Occurred: _____ Date Leak Repaired: _____

Details of the Leak/repairs (*Attach Repair Receipts*): _____

(The property owner is allowed one (1) leak adjustment for the life of the account as a one-time courtesy credit)

Owner's Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Approved: Yes No

Received By: _____

Date: _____

Verified By: _____

Date: _____

Approved/Denied By: _____

Date: _____

Billed Water Usage (current): _____

Bill Date: _____

Billed Water Usage (prior year): _____

Bill Date: _____

Billed Water Usage (difference): _____

Eligible Water Usage: _____

50% of Eligible Water Usage: _____

Credit Amount: _____

*(Credit amount is determined by multiplying 50% of eligible water usage by the commodity rate)
(Eligible water usage may not exceed 500 CCF's)*