



Leak Adjustment Request



Customer Name _____ Account # _____

Address _____

City _____ State _____ Zip _____

Phone # _____ E-Mail _____

Date Leak Occurred _____ Date Leak Repaired _____

****Applicant must provide receipts for repairs or purchase of materials to be considered for adjustment****

Details of Leak _____

****Applicant understands a request for leak adjustment is considered one time for the life of the account****

Applicant Signature _____ Date _____

**Send To: ECCV
6201 S Gun Club Rd
Aurora, CO 80016**

Request Approved

Request Denied

Staff Comments _____

Manager Signature _____ Date _____