



Leak Adjustment Request

Please complete the form below:

Customer / Company Name _____

Owner _____ Renter _____ Property Manager _____ Account # _____

Service Address _____

Phone _____ E-Mail _____

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

Date Leak Occurred _____ Date Leak Repaired _____

Details of Leak _____

****Applicant understands a request for leak adjustment is a ONE TIME for the life of the account****

Applicant Signature _____ Date _____

For office Use Only			Date Received _____	Cycle _____	Employee _____						
Contact with Customer _____											
MONTH/YEAR	WATER USAGE	PREVIOUS MONTH/YEAR USAGE									
<table border="1"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>Notes: _____</td></tr> <tr><td>_____</td></tr> </table>						_____	_____	_____	_____	Notes: _____	_____

Notes: _____											

PAPERWORK											
Employee _____											
Attached to Acct _____											
Approval Letter Sent _____											
Adj. to Acct.\$ _____											