



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 _____

By signing this document, you acknowledge that this is a one-time leak adjustment that ECCV provides as a courtesy to our customers. Should a leak occur in the future, you will not be eligible for additional credits. Thank you.

For office Use Only			Date Received _____	Cycle _____	Employee _____
Contact with Customer _____					
MONTH/	YEAR/	USE	WATER CHARGE	½ WAY - ECCV	
1 _____					
2 _____					
3 _____					
Notes: _____					

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