



Leak Adjustment Request

Customer Name _____

Address _____

Phone Number _____

Account Number _____

Month the Leak Affected _____

Date of the Repair _____

Type of Leak _____

Signature: _____

Date: _____

(Please attach copy of repair receipt.)

Only one leak adjustment per year.

Adjustment may be applied to your next billing statement.

----- OFFICE USE ONLY -----

Leak adjustment reviewed by _____ Date _____

Leak adjustment approved and adjustment made _____

Leak adjustment not approved. Please give reason _____
