



Leak Adjustment Request

Account Number: _____
Service Address: _____
Customer Name: _____
Phone: _____
Email: _____

Documentation and proof of the leak and repair are required for adjustment consideration. Plumber's invoice or repair receipts are required.

Leak Details:

Date leak was discovered: _____
Date leak was repaired: _____
Description of leak and repair: _____

Documentation: (required for consideration)

Please attach paid plumber's invoice or repair receipts.

Customer Acknowledgement:

I certify that the information provided is true and accurate to the best of my knowledge. I understand that:

- Adjustments are granted only for leaks where water did not enter the sanitary sewer system.
- Only one adjustment may be granted per 12-month period.
- The adjustment will be calculated in accordance with the City/Utility's Leak Adjustment Policy.
- Submission of this form does not guarantee approval.

Customer Signature: _____ Date: _____

Office Use Only:

Date Received: _____
Average usage (gallons): _____
Billed usage (gallons): _____
Approved adjustment usage (gallons): _____
Credit amount: _____
Adjustment approval: _____ Date: _____