



Leak Adjustment Application

PLEASE NOTE - While your application is under review, please be sure to pay any outstanding bills by their due dates to avoid disruption of service and additional charges.

Customer Name:	E-mail:
Account Number:	Phone Number:
Service Address:	
Date leak was discovered:	Date leak was repaired:
Who repaired leak?	
Description and location of leak:	
Explanation of how leak was repaired:	

Please verify all items listed below are included with your application. Applications missing documents will be returned and denied without review.

- All leak repairs have been completed (REQUIRED)
- I have attached all required repair invoices and receipts. If no receipt, please provide letter (REQUIRED)
- I have not applied for a leak adjustment within the past 24 months (REQUIRED)

My signature certifies that I meet all of the above requirements, have provided all required documentation, and declare that all of the above information is true and complete to the best of my knowledge. I understand that if a leak adjustment is granted based on erroneous information, the City reserves the right to reverse such adjustments.

Signature: _____ **Date:** _____

For City Use Only

Date Received:	Determination:	
Verify Repair:	YES-Date and Read:	NO-Explain:
Notes:		