



Leak Adjustment Request

Resolution 2020-20

Name: _____ Account #: _____

Service Address with leak: _____

Mailing Address: _____

Phone: _____ email: _____

Leak discovered on: _____ City notified of leak on: _____

Describe the nature and location of the leak:

Applicant acknowledges leak adjustments are subject to review and are **NOT** guaranteed.

Applicant affirms the information provided on this "Leak Adjustment Request" form is true and accurate.

Applicant will provide proof of repair within 30 days from the date of this "Leak Adjustment Request" this may include receipts for parts, plumbing invoice, photos of repair or written testimony on how the leak was repaired.

Signature: _____ Date: _____

Leak adjustment **Approved | Denied** on: _____

Total Adjustment amount: \$ _____ (Attach worksheet)

Pubic Works: _____ Date: _____

Utility Billing: _____ Date: _____

Date Customer Notified: _____ Date adjustment applied: _____