

LEAK ADJUSTMENT APPLICATION

Account Number: _____ Date: _____

Approximate Date Leak Occurred: _____ Phone: _____

Home Owner Information

Name: _____ Service Address: _____

Billing Address: _____

Type of Leak _____

- Did water enter the sanitary sewer system or a drain?

- When were you first aware that you were experiencing a problem?

- Were the premises left unattended for a period of two (2) weeks or more during the time the leak occurred?

Usage must be at least 10,000 gallons over your average bi-monthly usage.

Immediate steps must be taken, within seven (7) calendar days, to correct the situation. Undue delay by the owner shall cause forfeiture of any adjustment.

Before an adjustment can be given, a receipted statement from a licensed plumber or a signed statement from the property owner must be turned in to our office stating the leak has been repaired.

Property Owner Signature: _____

Public Works Director: _____ Utility Director Signature: _____

Date Adjustment Was Completed: _____ Amount of Adjustment: _____

Please read Page 2 to see if your situation is eligible for an adjustment according to the Town Code.

