



LEAK ADJUSTMENT REQUEST

Date: _____

Account Name: _____ Account Number: _____

Address: _____

Request for adjustment due to hidden water leak:

Please state the nature of your request for adjustment and attach a copy of receipt and/or other documentation.

Request for adjustment based upon unknown causes:

Have you applied for and been granted an adjustment for this residence in the past twelve (12) month period?

No _____ Yes _____

No adjustment will be allowed for sewer when residential is on sewer averaging except during the averaging period of January, February, and March.

Signature: _____

For Office Use Only

Verified last 12-month adjustment period: _____ Completed by: _____ Date: _____

Current Water Usage: _____

Previous Water Usage: _____

Greatest Normal Usage: _____

Approved by: _____

12 Month Average Consumption: _____