



LEAK ADJUSTMENT REQUEST FORM

Date: _____

Name: _____ **Acct. #** _____

Service Address of Leak: _____

Nature of Leak: _____

Customer Signature

Leak verified/repaired by: _____

(Attach receipt if any)



OFFICE USE ONLY

Leak Adjustment Approval Date: _____

Amy L. Garcia/Office Manager

Leak adjustments will cover no more than two (2) consecutive months. Only one (1) financial adjustment associated to billed usage will be allowed every two (2) years per premise