



## Water Utility Leak Adjustment Request Form

### Customer Information

- Name: \_\_\_\_\_
- Service Address: \_\_\_\_\_
- Account Number: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email (optional): \_\_\_\_\_

### Leak Information

- Date Leak Detected: \_\_\_\_\_
- Location of Leak (inside, outside, irrigation, etc.): \_\_\_\_\_
- Description of Leak: \_\_\_\_\_
- Date Leak Repaired: \_\_\_\_\_

### Repair Verification

- ☐ I certify that the leak at the above service address has been repaired.
- ☐ Documentation attached (e.g., plumber's invoice, receipts, or photos).

### Adjustment Request

I am requesting an adjustment to my water utility bill due to the verified leak described above. I understand that:

1. Submitting this form does not guarantee an adjustment; eligibility will be determined under the City's utility billing policies.
2. Only **one (1) leak adjustment may be granted within a twelve (12) month period per account.**
3. Additional documentation may be required before approval.

### Customer Certification

I hereby certify that the information provided on this form is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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**For Office Use Only**

- Date Received: \_\_\_\_\_
- Documentation Attached: ☐ Yes ☐ No
- Average Usage (past \_\_\_\_ months): \_\_\_\_\_
- Leak Usage (month(s)): \_\_\_\_\_
- Adjustment Amount Approved: \_\_\_\_\_
- Approved By: \_\_\_\_\_
- Date Applied: \_\_\_\_\_

