

Adrian Public Service District
Leak Adjustment Request Form
TO BE COMPLETED BY CUSTOMER

Account Number _____

Name(s) on Account _____

Daytime Phone No. _____

Billing Amount, usage, period in question: _____

Mailing Address:

Service Address:

ATTACH DOCUMENTATION PROVING LEAK WAS REPAIRED!

(Example: photos, plumber's invoice, receipt for materials, etc)

I do hereby certify that the above information is true and request that a leak adjustment be made to my bill:

Signed: _____ Date: _____

FOR UTILITY USE ONLY

Customer Name & Account # _____

Date of last leak adjustment _____

Usage including Leak _____ gallons

Average Historical Usage: _____ gallons

200% of Historical Usage: _____ gallons

Excess Usage: _____ gallons

- | | | |
|---|-----------|----------|
| 1) Is this an eligible leak, with adequate documentation? | Yes _____ | No _____ |
| 2) Was request received on time? | Yes _____ | No _____ |
| 3) Did leaked water enter sewer system (proof required) | Yes _____ | No _____ |

Original Bill \$ _____ for billing period _____

Leak Adjustment \$ _____

Gallons Adjusted _____

Employee: _____

Date: _____