



LEAK ADJUSTMENT REQUEST

Customer Name: _____

Service Address: _____

Phone No.: _____ Email: _____

Date Leak Discovered: _____ Repair Date: _____

Brief Description of Incident: _____

For Office Use Only

LEAK ADJUSTMENT CALCULATIONS	
Account #:	Date:
Current Month Usage/Charges	Previous Year Same Month Usage
Adjusted Usage/Charges	Credit to be Issued