

LEAK ADJUSTMENT FORM

DATE: _____

ACCT.# _____

I REQUEST A LEAK ADJUSTMENT FOR THE BILL THAT IS/WAS
DUE ON _____ FOR THE PREVIOUS MONTHS USAGE.
I HAVE NOT HAD A LEAK ADJUSTMENT IN THE PREVIOUS 12
MONTH PERIOD.

SIGNATURE

LIST OF MATERIALS USED TO FIX LEAK IS AS FOLLOWS:

OR A COPY OF THE PLUMBERS STATEMENT IS ATTACHED.

SIGNATURE