

# LEAK ADJUSTMENT REQUEST

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

NATURE OF LEAK \_\_\_\_\_

\_\_\_\_\_

DATE LEAK WAS FIXED \_\_\_\_\_

**\*RECEIPTS MUST BE PRESENTED TO VERIFY REPAIRS**

SIGNATURE \_\_\_\_\_

## TO BE COMPLETED BY OFFICE:

ACCOUNT NUMBER \_\_\_\_\_

REPAIR VERIFIED WITH RECEIPTS \_\_\_\_\_

AMOUNT OF WATER LEAK \_\_\_\_\_

AMOUNT OF WASTEWATER LEAK \_\_\_\_\_

APPROVED BY CLERK-TREASURER \_\_\_\_\_

DATE ADJUSTED \_\_\_\_\_