



**Leak Adjustment Request Form**

Name on Account: \_\_\_\_\_

Service Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Leak Description:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contested Month(s) of Consumption: \_\_\_\_\_

Date of Repair: \_\_\_\_\_

Explanation of Repair: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Proof of Repair Attached**

**An adjustment will not be considered if proof is not provided. Adjustment requests made without proof will have to be made to the Utility Commission.**