



Leak Reduction Request Form

Customer Information

Name on Account: _____

Account Number: _____

Service Address: _____

Contact Phone Number: _____

Leak Details

Date Leak Discovered: _____

Date Leak Repaired: _____

Type of Leak: (Please check the appropriate box)

Underground Pipe

Irrigation

Toilet

Broken Pipe

Description of Leak

Please describe the leak and actions that were taken to complete the repairs:

Did water enter the sewer system? YES: NO:

Acknowledgement and Authorization

By checking this box, you are requesting the processing of an adjustment on the water and/or sewer portion of your bill. You understand that this form is not a guarantee that credit will be applied to your utility bill.

Documentation

Please attach any relevant documents such as plumber's statement, repair receipts, or photos of the repaired area.

Signature of Applicant: _____

Date: _____