

## Leak Adjustment Request

Complete this form and attach proof of repair (e.g., plumber invoice or receipt for parts). Adjustments are reviewed under the Town's Utility Policies and applicable resolutions.

Account #	Service Address
_____	_____
Customer Name	Phone / Email
_____	_____
Bill Month(s) Affected	Date Leak Discovered
_____	_____
Describe Cause of Leak and Location (e.g., service line, toilet, etc.)	
_____	
Date Repaired	By (Self / Plumber Name)
_____	_____

Attachments:  Plumber invoice  Materials receipt  Photos  Other \_\_\_\_\_

I affirm the leak has been repaired and request consideration for an adjustment in accordance with Town policy.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only

Avg. Usage (gal.)	High Bill Usage	Adjusted Usage	Approved By / Date
_____	_____	_____	_____
Notes / Resolution Reference			
_____			