

# WATER LEAK ADJUSTMENT FORM

Cycle \_\_\_\_\_ Book # \_\_\_\_\_

DATE TURNED IN: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

CUSTOMER NUMBER: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

DATE LEAK WAS REPAIRED: \_\_\_\_\_

**\*\*\*YOU MUST CONTINUE TO PAY YOUR AVERAGE MONTHLY CHARGES TO AVOID BEING DISCONNECTED, FAILURE TO MAKE SUCH PAYMENT WHILE YOUR LEAK ADJUSTMENT IS PENDING WILL RESULT IN DISCONNECTION OF SERVICES\*\*\*\***

**PLEASE ATTACH DOCUMENTS OF REPAIRS MADE OR WRITE A BRIEF DESCRIPTION OF REPAIRS MADE:**

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**SOME ACCOUNTS MAY TAKE LONGER THAN OTHERS BEFORE REVIEWED. ONCE ADJUSTMENT IS COMPLETED OR DENIED, REP. WILL ATTEMPT TO CONTACT CUSTOMER. CUSTOMER WILL BE RESPONSIBLE FOR ALL PAST DUE BALANCES TO BE PAID WITHIN THREE BUSINESS DAYS OF ADJUSTMENT OR DENIAL.**

**SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

RECEIVED BY: \_\_\_\_\_