

Application for Leak Adjustment

Name: _____ **Date:** _____

Address: _____

Telephone Number: _____

Date Leak First Noticed: _____ **Date Leak Repaired:** _____

Where was the Leak Located? _____

Have you ever received a leak adjustment before? _____ **Approximate year:** _____

How much is your total water bill? _____

NOTE: Copies of receipts documenting the repair must be returned with you completed application, or the application will be returned to you.

Please describe how the leak was identified or provide any additional facts you think might be helpful (attach additional pages if necessary)

Approved Leak Adjustment amounts will be calculated as one half of the excess usage (with excess usage defined as the leak usage minus "normal" usage) multiplied by the actual billing rate. Leak adjustment credits will only be considered for a maximum of a two month billing period. The maximum amount of any leak adjustment credit will be \$350.00 per adjustment.

We suggest that you pay at least the amount of your "normal" bill at this time, and pay the current amount for future bills, until the adjustment process is completed. The balance due after your leak adjustment will typically be higher than your usual bill amount.

By signing this request, I certify that I understand the terms and conditions of the PWSD #3 Leak Adjustment Policy.

Print name: _____

Signature of Applicant: _____