



APPENDIX "F"

WATER LEAK ADJUSTMENT REQUEST

To Be Completed By Customer

Name: _____ Phone: _____

Address: _____ Billing Period: _____

Bill Amount: _____

Please explain circumstances of the higher bill: _____

Do you suspect criminal activity? Circle: YES NO

If yes, please submit a copy of your Police Report.

What corrective measures/repairs have been made? Please provide documentation/receipts.

What are you specifically requesting of the Water Department? _____

Signature

Date

Please attach supporting documentation to this page.