



For Office Use Only

_____ - _____ W

APPENDIX "F"

WATER LOSS ADJUSTMENT REQUEST

To Be Completed By Customer

Name: _____ Phone: _____

Address: _____ Email: _____

Billing Period: _____ Bill Amount: _____

Please provide the date(s) of the water loss: _____

Was your water usage over 20,000 gallons? Circle: YES NO

Are you aware of any other high usage on this bill? _____

Do you suspect criminal activity? Circle: YES NO **If yes, please submit a copy of your Police Report.**

If the leak was caused by someone else, have you put in a claim to recover the money from the responsible party? _____

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

Do you still have a leak on your property? _____

Have you created a login for the AMI Customer Portal to view your usage and receive proper notifications? Circle: YES NO

When were you first aware there was a leak? And how did you discover the leak? _____

How quickly was the leak repaired after discovery? _____

What are you specifically requesting of the Water Department? _____

Signature

Date

Please attach supporting documentation to this page.