

PHONE: 251-626-5554
FAX: 251-626-5540



PO DRAWER 2130
DAPHNE, AL 36526

LEAK ADJUSTMENT REQUEST

DATE: _____ CUSTOMER NUMBER: _____

ACCOUNT NAME: _____

SERVICE ADDRESS: _____

PHONE #: _____

DESCRIBE LEAK: _____

DATE LEAK WAS DETECTED: _____

DATE REPAIRED: _____

REPAIRED BY: _____

COST OF REPAIR: \$ _____

BILLING PERIOD FOR LEAK REQUEST: _____

- By signing this request I attest that I detected a leak in my water distribution system and that the leak has been properly repaired. I understand that if I am granted an adjustment, I will not be eligible for another leak adjustment for 12 months following the date of this leak adjustment.

SIGNATURE: _____

DATE: _____

OFFICE USE ONLY BELOW THIS LINE

Adjustment Amount: _____

Approved: _____ Declined: _____

Date Approved: _____

Approved by: _____

Average Bill: \$		Gallons
Usage		Gallons
Bill Amt	\$	
Adjustment Amt	-\$	
Usage		Gallons
Bill Amt	\$	
Adjustment Amt	-\$	

FORM MUST BE SUBMITTED IN PERSON AT 9080 CO RD 64 DAPHNE, AL OR MAILED TO ADDRESS ABOVE.