

UNION WILLIAMS PSD  
LEAK ADJUSTMENT REQUEST FORM

**\*\*This documentation must be received within 45 calendar days following discovery and correction of leak\*\***

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

NAME(S) ON ACCOUNT \_\_\_\_\_

DAYTIME PHONE # \_\_\_\_\_

BILLING AMOUNT, USAGE, PERIOD IN QUESTION \_\_\_\_\_

LOCATION OF LEAK: \_\_\_\_\_

MAILING ADDRESS:

SERVICE ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ATTACH DOCUMENTATION PROVING LEAK WAS REPAIRED!**

(Example: Photos, plumber's invoice, receipt for materials, etc.)

I do hereby certify that the above is true and request that a leak adjustment be made to my bill:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR UTILITY USE ONLY**

Date of last leak adjustment \_\_\_\_\_

Usage including leak \_\_\_\_\_ gallons

Average historical usage \_\_\_\_\_ gallons

Excess Usage \_\_\_\_\_ gallons

- |   |                    |
|---|--------------------|
| 1) Was last leak adjustment more than 12 months ago?      | Yes _____ No _____ |
| 2) Is this an eligible leak, with adequate documentation? | Yes _____ No _____ |
| 3) Was request received on time?                          | Yes _____ No _____ |
| 4) Did leaked water enter sewer system?                   | Yes _____ No _____ |

Original Bill \$ \_\_\_\_\_ For Billing Period \_\_\_\_\_

Leak Adjustment \$ \_\_\_\_\_ Gallons Adjusted \_\_\_\_\_

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Supervision Authorization: \_\_\_\_\_ Date: \_\_\_\_\_