Water Adjustment Request Form

Name:			Account No.:		
Service Address:					
Mailing Address:			City:		
Contact Phone:			State:	Zip:	
Problem Description					
Was there a leak?	Yes No Was	the leak undergrou	nd? 🗌 Yes 📄 No		
Was the leak through a	a: 🔲 Broken pipe?	Incompletely close	ed valve? 🔲 Toile	et? 🗌 Sprinkler	Head?
	Faucet? Othe	r			
Was a leak repaired? [Yes 🗌 No 🛛 Date	of repair		(MM/DD/YYYY)	(Send a copy of the repair bill.)
How was leak discover	red? 🔲 Notified by PCM	IC 🗌 Other			
Date of discovery	(MM/	(DD/YYYY)			
City Repair?	Yes INO Yes INO Yes INO Yes INO		Consumption History at Work Order History atta Repair bill attached? Owner notified of leak? Date of notification	iched? Tes Yes	
Section for Adjudicat	or Use Only			Date	
Did excess consumption	days of notification? circumstances preventing re exceed 50% of past 3 years l		No No No No	nonths exceed?	
Category of leak: Broken pipe Underground Leak (Includes valves & pipes o	cracked by freeze, corrosion,	etc.)	liance (including hot w ure (includes faucets, to mpletely closed valve? te) nkler Head	ilets, etc,	lves and stop &
Extenuating circumstances					
I					
		Which months a	are accepted?		