## Water Adjustment Request Form

Name:	Account No.:		
Service Address:			
Mailing Address:	City:		
Contact Phone:	State:	Zip:	
Problem Description			
Was there a leak?	und? 🗌 Yes 🔲 No		
Was the leak through a: Broken pipe? Incompletely clo	sed valve?   Toilet	? Sprinkler H	Head?
☐ Faucet? ☐ Other			
Was a leak repaired? Yes No Date of repair		(MM/DD/YYYY)	(Send a copy of the repair bill.)
How was leak discovered? Notified by PCMC Other			
Date of discovery (MM/DD/YYYY)			
Section for PCMC Use Only  Leak?	Consumption History attack Work Order History attack Repair bill attached? Owner notified of leak? Date of notification	—	
Section for Adjudicator Use Only		Deta	
Leak repaired within 30 days of notification?  Were there extenuating circumstances preventing repair?  Did excess consumption exceed 50% of past 3 years history?  Yes	☐ No ☐ Which m	Date   onths exceed?	
Underground Leak (Includes valves & pipes cracked by freeze, corrosion, etc.)	opliance (including hot wa eture (includes faucets, toil completely closed valve? ( aste) rinkler Head	ets, etc,	ves and stop &
Extenuating circumstances			
Which months	are accepted?		
ADJUSTMENT REQUEST: ACCEPTED			DENIED