

REQUEST FOR UTILITY LEAK ADJUSTMENT

Property Address:				
Name:		mail address:		
Date leak was discovered:		ave all leaks been fixed? YN		
Date leak was fixed:		leter Read (after leak fixed):		
Have you had an adjustment before? Y N		ate of previous adjustment:		
Brief description of leak and repair details (eg. location, what was repaired)				
Recommended repair documentation : Repair invoices, parts receipts and/or pictures.				
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Signed (property owner or representative) Only signed and complete forms will be considered.				
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Please allow 20 working days for your request to be reviewed.				
You will be contacted by email once a decision has been made.				
	Office Use Only			
Account#			1	
Processed by:		Approved by:	Approved by:	
Repair verified by:		Amount approve	Amount approved: \$	

Additional information: