



**REQUEST FOR WATER LEAK ADJUSTMENT**

**Customer Information**

Name on Account: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_  
Service Address: \_\_\_\_\_

**Leak Repair Information**

Date Leak Discovered: \_\_\_\_\_ Date Leak Repaired: \_\_\_\_\_  
Professionally Repaired: \_\_\_\_\_ Self Repaired: \_\_\_\_\_  
Description of leak and repair: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE:** Completion of this form does not guarantee an adjustment will be made to your water bill. Once the review is complete, you will receive notification of results from the Billing office.

Please return the completed application form along with copy of repair bill, if applicable, to the City of Pelham Water Works.

**I have read, understand and agree with the leak adjustment guidelines.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For office use only:*

Date Received: \_\_\_\_\_ Repair bill: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Water bill original amount: \$, \_\_\_\_\_ Month of Leak \_\_\_\_\_

Leak credit amount: \$, \_\_\_\_\_ Approved Date: \_\_\_\_\_ Denial Date: \_\_\_\_\_

Approval signature: \_\_\_\_\_

