

LEAK ADJUSTMENT REQUEST FORM

(The Town of Tazewell allows ONE leak adjustment per 12 calendar months- effective 04/01/19)

Date _____

Account# _____

Person requesting adjustment _____

(I understand, by signing my name, I am agreeing to my 1 adjustment for the year and I will not receive another adjustment for 12 months.)

Physical Address _____ Contact Phone # _____

Email Address _____ *Needed for updated account balance communications.*

Description of Leak _____ Date Fixed _____

Fixed by _____ Notes _____

Has customer had a leak adjustment in the last 12 months? ☐ Yes ☐ No

*If yes, **no** adjustment will be allowed. If no, move on to next requirement.*

What is consumption on bill? _____

What is 6-month average consumption before leak? _____

Is consumption on bill 3,000 gallons more than the average? ☐ Yes ☐ No

*If no, **no** adjustment will be allowed. If yes, move on to next requirement.*

Did customer get leak fixed within 30 days? ☐ Yes ☐ No

Receipt or letter from a plumber has been provided? ☐ Yes ☐ No

Work order has been turned in showing there is no leak. ☐ Yes ☐ No

Posted - Initials>>>>>>>>>			
Bill Date			
Bill Amount	\$	\$	\$
Average Bill Amount	\$	\$	\$
- Water Total Should Be			
- Sewer Total Should Be			

Adjustment Completed by: _____

Adjustment Audited by: _____