

Coon's Run PSD

PO Box 190

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www. Greaterharrison.com

LEAK ADJUSTMENT REQUEST FORM

To be completed by customer

Name on Account:		Account Number:		
Daytime Phone N	No:		_	
Mailing Address:		Service Address:		
Date Leak Was D	iscovered:		***************************************	
	epaired:			
Describe Location	n:			
Nature of			· · · · · · · · · · · · · · · · · · ·	
Attach I do he	proof that leak was repair ereby certify that the above info	ed!! (Example: I mation is true and	Photos, plumbers bill, materio request that an adjustment be made	als bill, etc.) e to my bill.
Signature:		D	ate:	
		FOR DISTRICT LISE	ONLY	
Average Usage: Date of last leak adjustme	gallons Usage with leak:	gallor		
1) Was last leak adjustmen			••*	
2) Is usage with leak twice	average usage?	Yes Yes	No	
3) Is the leak source eligit		Yes	No No	
4) Was request received on time?		Yes	No	
5) Was adequate proof provided?		Yes	No	
Questions 1-5 must be answered Yes to qualify.		163	110	
Does Customer Qualify?	E-	Yes	No	
If Yes then	Original Bill \$		NO	
	Adjusted Bill \$			
	Adjusted Amount \$			
Employee:	Date	:		
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[&]quot;This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law." To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call (800)795-3272 (Voice) or (202)720-6382 (TDD).