



Coon's Run PSD

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LEAK ADJUSTMENT REQUEST FORM

To be completed by customer

Name on Account: _____ Account Number: _____

Daytime Phone No: _____

Mailing Address: _____ Service Address: _____

Date Leak Was Discovered: _____

Date Leak Was Repaired: _____

Describe Location:

Nature of
Leak: _____

Attach proof that leak was repaired!! (Example: Photos, plumbers bill, materials bill, etc.)

I do hereby certify that the above information is true and request that an adjustment be made to my bill.

Signature: _____ Date: _____

FOR DISTRICT USE ONLY

Average Usage: _____ gallons Usage with leak: _____ gallons

Date of last leak adjustment: _____

- | | | |
|---|-----|----|
| 1) Was last leak adjustment over 12 months ago? | Yes | No |
| 2) Is usage with leak twice average usage? | Yes | No |
| 3) Is the leak source eligible? | Yes | 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.

Does Customer Qualify? Yes No

If Yes then Original Bill \$ _____

Adjusted Bill \$ _____

Adjusted Amount \$ _____

Employee: _____ Date: _____