



Greater Harrison County  
Public Service District

PO Box 190  
West Milford, WV  
26451

Phone: 304-745-3463  
Fax: 304-745-5327

www.greaterharrison.com

## 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.*

Signed: \_\_\_\_\_ 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: \_\_\_\_\_