

City of St. Marys Utility Leak Adjustment Request Form

TO BE COMPLETED BY THE CUSTOMER

Account Number _____

Account Name _____

Physical Address _____

Mailing Address _____

Phone Number _____ Month of Leak/Gallons of Use _____

Description of leak: _____

Did leaked water drain or was routed into sewer system? (circle) Yes OR No

How was leaked water disposed of if "no"? _____

Date leak repaired: _____ **Please attach copies of receipts/invoices for repairs.

I do hereby certify that the above information is true/correct and request that a leak adjustment be made to my bill.

Signed: _____ Date: _____

FOR OFFICE USE ONLY

Received by: _____ Date: _____ Avg. Usage: _____

Beginning Reading _____ Ending Reading: _____ Current Usage _____

Leak Adj. (Gallons) _____ Water Sewer Water & Sewer

Adj. Completed: _____ Adjusted By: _____

Reprint Mailed: _____ Customer Contacted: _____

Approved By: _____