

# Leak Adjustment for Board Agenda Item

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

Billing Cycle: \_\_\_\_\_

Gallons Billed: \_\_\_\_\_ Yearly Average Gallons: \_\_\_\_\_

Amount Billed Water: \_\_\_\_\_ Yearly Average Water: \_\_\_\_\_

Amount Billed Waste Water: \_\_\_\_\_ Yearly Average Waste Water: \_\_\_\_\_

Was the leak inside/outside of your home?      INSIDE                      OUTSIDE

Has the leak been fixed: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

You are required to attend Board Meeting \_\_\_/\_\_\_/\_\_\_ at 6:00 p.m. If you are unable to make the meeting for any reason please give at least a 24 notice to the office, if you do not your leak adjustment request will not be processed. Please provide any proof of the leak, or that it has been taken care of. Thank you.

\_\_\_\_\_  
District Witness Signature

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## Office Use Only

Approved Adjustment  
 Water  Wastewater

Present: / /  
 Not Present: / /

Not Approved Adjustment  
 Water  Wastewater

Tabled

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_