

Mauriceville Municipal Utility District

Leak Adjustment Form

Name: _____ Account #: _____

Address: _____

Phone #: _____

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

Has the leak been repaired: _____

Comments:

Customer Signature Date

Attending a Board Meeting is required if the amount of the adjustment is more than \$1000. The next meeting is ___/___/___ at 6:00 p.m. If you are unable to attend the meeting for any reason, please give at least a 5-day notice to the office. If you do not attend a Board Meeting, as required, the leak adjustment will not be processed. Thank you.

District Witness Signature Date

Office Use Only

Billing Cycle: _____

Gallons Billed: _____ Yearly Average Gallons: _____

Amount Billed Water: _____ Yearly Average Water: _____

Amount Billed Wastewater: _____ Yearly Average Waste Water: _____