LEAK OR POOL ADJUSTMENT REQUEST FORM main 770-957-5043 fax 866-364-0996



DATE			
CUSTOMER NAME		ACCOUNT #_	
PHONE NUMBER	· · · · · · · · · · · · · · · · · · ·		
SERVICE ADDRESS			
PLEASE INDICATE BELOW WHERE THE LE	AK OCCURRED		
POOL			
METER READING PRIOR TO FILLING	METER READING AFTER	TOTAL GAL	LONS
LEAK			
INSIDE THE HOME			
WHERE IN THE HOME (TOILET, WALL, HO	T WATER HEATER)?		
OUTSIDE THE HOME			
WHERE OUTSIDE THE HOME (YARD, DRIV	EWAY, NEAR THE METER)?		
DECEMBER OF DEPARTMENT ATTACHED. VEC	NO		
RECEIPT OF REPAIR ATTACHED: YES			
IF NO RECEIPT IS AVAILABLE, PL	EASE EXPLAIN WHY:		
I AM REQUESTING AN ADJUSTMENT T	TO MY UTILITY BILL DUF TO A W	VATER LEAK:	
SIGNATURE			
		<u></u>	
OFFICE USE ONLY:	CREDIT FIGURED	BALANCE DUE	APPROVED BY
GALLONS USED			
AVERAGE USAGE			
DIFFERENCE			