



**LEAK ADJUSTMENT REQUEST**

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

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

Account Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

1. Date of Repairs: \_\_\_\_\_

2. Person or Firm Making Repairs: \_\_\_\_\_

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

3. Materials Used for Repairs: \_\_\_\_\_

(Attach receipts for materials used.)

4. Attach a copy of the Plumber's Statement regarding repairs if Plumber performed the repairs.

5. Leak location and Description: \_\_\_\_\_

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

a. State Distance from Meter Box \_\_\_\_\_ feet

b. State Distance from House \_\_\_\_\_ feet

I acknowledge that the water usage resulting from the leak will be determined by comparing the Customer's usage during the leak billing period to his or her average usage for the past twelve (12) billing periods. Water usage in excess of the average customer usage will be billed at lowest block rate for residential customers. If a customer applying for a leak adjustment has not been a customer of Hyden-Leslie County Water District ("the District") for 12 consecutive months, the average residential usage will be used to determine the amount of the adjustment. If my request for an adjustment is approved, my bill for water service during the month in which the leak occurred will be equal to the sum of the cost of water for my average monthly water usage billed at the District's existing rate schedule and the cost of the water resulting from the leak billed at lowest block rate for residential customers.

I further acknowledge that until my request for an adjustment is approved, I am responsible for the

amount billed for water service and my failure to pay this bill by the billing due date may result in the discontinuance of water service for non-payment. If disconnected for non-payment, I will be required to pay the full amount owed for water service plus the District's current fee for service reconnection before my water service will be restored and any adjustment is credited to my account.

I further acknowledge that I may apply and receive a leak adjustment only once during a 24-month period and that any adjustment will cover no more than two billing periods.

I acknowledge that no adjustment to my bill for water service will be made until this form, completed in its entirety, signed and dated, receipts and a plumber's statement (if applicable), are returned to the District.

I hereby verify that I have read the information given above and that all statements are true and correct, and that the excess usage of my plumbing system has now been corrected.

Customer Signature \_\_\_\_\_ Date: \_\_\_\_\_

Utility Signature \_\_\_\_\_ Date: \_\_\_\_\_