

LEAK ADJUSTMENT REQUEST

Customer Name: _____ Acct. #: _____

Service Location: _____

Phone Number: _____ Date: _____

Type of Leak: _____

Date aware of leak: _____

Date leak shut off: _____

Date leak repaired: _____

Will leak be in one _____ or two _____ billing cycles

Information:

A. Date Read _____ B. Reading _____

C. Date Due _____

D. Average Gallons _____ for previous _____ months.

E. Average Bill (Gallons) _____ Equals \$ _____ + taxes \$ _____ Total \$ _____

F. Gallons Billed _____ minus avg. gallons _____ equals gallons due adjustment _____

G. Gallons *due* adjustment _____ times _____ equals customer cost for loss water \$ _____

H. Average Bill (E) _____ plus cost of water loss due adj. (G) _____ Equals \$ _____

I. Gallons Billed _____ Water Billed \$ _____ Taxes Billed \$ _____ Equals Total Billed \$ _____

J. Total (I) _____ minus total (H) \$ _____ Equals Adjusted amount \$ _____

K. Penalty added [Yes] [] No Amount \$ _____

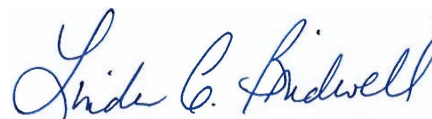
L. Date eligible for next adjustment _____

CANCELLED

May 25, 2026

**KENTUCKY PUBLIC
SERVICE COMMISSION**

By: _____

**KENTUCKY
PUBLIC SERVICE COMMISSION****Linda C. Bridwell**
Executive Director

EFFECTIVE

11/24/2022

PURSUANT TO 807 KAR 5:011 SECTION 9 (1)