

# CLAY-ROANE PUBLIC SERVICE DISTRICT

## LEAK ADJUSTMENT REQUEST FORM

CUSTOMER \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

ADDRESS \_\_\_\_\_

SERVICE LOCATION (If other than above) \_\_\_\_\_

To qualify for a leak adjustment, **CUSTOMER MUST SHOW PROOF OF REPAIRS.** Current receipts for parts or billing invoices for repair service must be submitted with this form, along with photos showing the leak repair and parts used. All repairs must comply with Clay-Roane PSD service specifications.

DATE LEAK DISCOVERED \_\_\_\_\_ DATE REPAIRED \_\_\_\_\_

LOCATION & DESCRIPTION OF LEAK \_\_\_\_\_

HOW LEAK WAS REPAIRED/ LIST OF PARTS \_\_\_\_\_

WHO MADE THE REPAIRS \_\_\_\_\_

I, the undersigned customer, do certify that the above information is true and accurate, and I request an adjustment to the water bill under the provisions of the Clay-Roane Public Service District's Leak Adjustment Policy.

I also understand that it is the policy of Clay-Roane PSD to grant only one (1) leak adjustment per customer, per calendar year. If the leak has fallen in between two (2) billing cycles, customer will receive an adjustment on the highest billed usage.

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

\_\_\_\_\_  
Date

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Average Usage \_\_\_\_\_ 200% Average Usage \_\_\_\_\_

Usage With Leak \_\_\_\_\_ Date of last leak adjustment \_\_\_\_\_

Was last leak adjustment over 12 months ago?	YES	NO
Is usage with leak twice the average usage?	YES	NO
Is the <u>leak source</u> eligible for adjustment?	YES	NO
Was the request received on time?	YES	NO
Was adequate proof provided?	YES	NO
Were material requirements followed?	YES	NO

All questions must be answered YES to qualify.

Does the customer qualify for adjustment?	YES	NO
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APPROVE      Adjustment Amount \$ \_\_\_\_\_      Date \_\_\_\_\_

DENY      Reason for Denial \_\_\_\_\_