



**Leak Adjustment Request Form**

Please explain in detail all information regarding leaks and repairs. Please attach all copies of repair receipts. Adjustment will be completed only after the leak has been repaired. One adjustment per account per twelve month period will be allowed.

Date \_\_\_\_\_

ONWASA Account Number \_\_\_\_\_

Name on Account \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

Day Time Phone Number \_\_\_\_\_

Leak Date \_\_\_\_\_

Repair Date \_\_\_\_\_

Please explain the repairs made to resolve the leak:

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

Receipts Attached (Please Circle) Yes / No

\*ADJUSTMENTS FOR LEAKS WILL BE COMPLETED IN COMPLIANCE WITH ONWASA'S UTILITY ORDINANCE SECTION 5.4

(Official Use Only)

ONWASA CSR \_\_\_\_\_

Date \_\_\_\_\_