



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:

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 _____