WATER LEAK ADJUSTMENT REQUEST FORM

Date Requested:	Account Number:	Customer's Name on Account:
Mailing Address:	Service Address (if different than Mailing Address):	
Date(s) of High Bill(s):	Repair Date:	

Describe what was done to fix or correct the water leak problem(s). Proof of repair is required and must be submitted with this form (i.e. plumber itemized invoice, repair parts itemized receipt, or other documentation supporting any repairs).

Will you be receiving any monetary assistance from a third party for this high bill? Please list any sources and amounts.

Will or have you submitted a claim with your homeowners' or tenants' insurance company? If so, what has been the insurance company's response? Please provide copies of the insurance company's response.

Has a water leak adjustment been made for this service address on any previous occasion?

◯ No ◯ Yes, when?

How many people reside at the service address?	Was property vacant/unoccupied when leak occurred? ◯ No ◯ Yes	If Yes, please provide the period of time of the vacancy?

As the customer for the above noted property, I hereby apply for reimbursement under the Adjustment Policy. I confirm that the above and attached information are true and accurate.	If necessary, how would you like to be contacted
Customer's Name: (Please print)	By phone (daytime #):
Customer's Signature: (For paper submissions) _____	Via email: