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**UTILITY WATER LEAK ADJUSTMENT FORM**

Section 700.025 Ord. 144§ 1, 4-7-2014

*The Water Leak/Plumbing Leak Adjustment Form and documentation of repairs must be received by the City of Warsaw within 60 days of the due date listed on the customer's utility bill in which the leak occurred. Submittal of this form is **not a guarantee** that credit will be applied to your utility bill.*

**Customer Information:**

Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Water Leak Information:**  
*Customer must provide proof that the leak is fixed, such as a receipt from a plumber, before and after pictures, etc. If self-repaired, please provide receipts for plumbing supplies.*

Date(s) of utility bill(s) containing water volumes associated with leak: \_\_\_\_\_ to \_\_\_\_\_  
 Leak Repair Date: \_\_\_\_\_  
 Where was leak located? \_\_\_\_\_  
 Did water go down the sewer? (Circle one)    Yes    No    Not Sure  
 Please Provide a detailed description of the problem:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*As the customer for the service address listed above, I hereby apply for a billing adjustment from the **City of Warsaw** under the Water Leak/Plumbing Leak Policy.*

*I confirm that the above, and any attached information, documentation, and/or photos, is true and accurate to my knowledge.*

*I acknowledge and understand that only **two** water leak adjustments may be applied to my utility account in any 12-month period.*

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)

OFFICE STAFF:	
Staff Initials:	Date:
Approved	Denied