

# City of Wilton Leak Adjustment Request Form

Customer Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date leak was first noticed: \_\_\_\_\_ (if exact date not known please indicate bill date)

Indicate bills during which leak occurred: \_\_\_\_\_

Date leak was repaired: \_\_\_\_\_

Description of leak: \_\_\_\_\_

How leak was repaired: (include copy of invoice if applicable) \_\_\_\_\_

***PLEASE NOTE: Completion of this form does not guarantee an adjustment will be made to your sewer bill. All requests are evaluated based on your average water consumption. In order to qualify for an adjustment, the leak must be repaired and copies of any invoices or receipts for repairs made along with this form must be returned to the office within 60 days of knowledge of leak. If the form is not received within the 60-day limit you will be responsible for the entire amount of leak consumption. Payments must still be received by due date to avoid late charges to receive adjustment. Only one leak adjustment will be allowed per resident per address. Credit will be issued minus the average sewer usage per resident. This form cannot be used in conjunction with an irrigation meter***

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

## FOR CITY USE ONLY

Route: \_\_\_\_\_ Received by: \_\_\_\_\_ Date received: \_\_\_\_\_ Work order initiated: \_\_\_\_\_ (Yes or No)

Date read: \_\_\_\_\_ Reading #1: \_\_\_\_\_ Consumption: \_\_\_\_\_

Date read: \_\_\_\_\_ Reading #2: \_\_\_\_\_ Consumption: \_\_\_\_\_

Reviewed/Calculated by: \_\_\_\_\_ Date: \_\_\_\_\_ Adjustment given: \_\_\_\_\_