

LEAK ADJUSTMENT REQUEST

Account# _____ TAP # _____

Account Name: _____

Service address: _____

Phone number: (daytime) _____

Date leak started: _____

Date leak fixed: _____

Explanation of leak: _____

(use extra sheet or back of this form if needed)

To be considered for an adjustment, the entire form must be completed and signed, and copies of receipts for proof of repairs (material and/or labor) must be included. Please include a self addressed stamped envelope and a copy of this form will be sent back to you.

Customer signature: _____

RCWC USE ONLY

DATE RECEIVED: _____

APPROVED: _____ AMOUNT OF ADJUSTMENT: _____

DISAPPROVED: _____

REASON: _____

SIGNED: _____ SIGNED: _____