|  |  |  |  |
| --- | --- | --- | --- |
| Date Submitted: |  |  |  |
| Acct. Number: |  |  |  |
| Statement Date: |  |  |  |
| **1**. I experienced a leak affecting the statement and account above. (Initial) |  |
| **2**. The deadline for repair evidence and bill credit is: | **/ /** |
| (Fill in with Statement Date above plus 60 days)  |  |
| **3**. Has the failure been repaired? | **YES / NO** |
| **4**. Is documentary evidence of repair attached (receipts for repair parts, statement from a plumber, photographs, etc.)? | **YES / NO** |
| **5**. I acknowledge ineligibility for future leak adjustment at this location for five years from the statement date above. (Initial) |  |
| **6**. I acknowledge eligibility for deferred payment agreements pursuant to the Corporation’s tariff. (Initial) |  |
| **Name (Print):** |  |  |
| **Signature:** |  |  |

|  |
| --- |
| **For Office Use Only** |
| **a.** | Leak amount: |  | gallons |  |
| **b.** | 3-month average: |  | gallons |  |
| **c.** | Required threshold (b. X 25): |  | Qualifies? | **YES / NO** |
| **d.** | Total Leak Charges:  | $ |  |  |
| **e.** | Proposed Leak Charges (using lowest tier covering cost of service) | $ |  |  |
| **f.** | Adjustment Total (d. – e.) | $ |  |  |
|  |  |  |
| **Reviewed and Approved:** |  | **Date:** |  |  |