|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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:** |  | | | |  |