

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: \_\_\_\_\_