

WARREN COMMUNITY WATER ASSOCIATION

Application for Leak Adjustment

Please read the requirements for completing this form:

1. ALL information below must be completed in detail for consideration
2. Required documentation must be submitted with application
3. The customer is responsible for all billings until notification of leak adjustment credit or denial.
4. All leaks must be repaired.

Account Number: _____

Customer Name: _____

Current Email Address: _____

Service Address: _____

Phone Number(s): _____

Description of the leak and what repairs were made. _____

How was the leak discovered? _____

What date was the leak discovered? _____

What date was it repaired? _____

Who repaired the leak? _____

Acceptable documentation for leak adjustments:

1. If a plumber repaired the leak, a bill on printed letterhead detailing materials and labor (if plumber's bill is not on letterhead, bill must have plumber's state certification number).
2. If repairs are made by someone other than a licensed plumbing company, they must be supported by receipts for purchase of repair parts.

Please attach acceptable documentation.

X

Signature - I certify that this application and attached documents contain no false statements.

All information submitted by this form or via email becomes a public record to the extent provided by law.