

Application for Water Leak Adjustment

INSTRUCTIONS: If you had a water leak repaired that was located between the meter and the building, you may be eligible for a billing adjustment. Please complete the form below, attaching additional sheets as needed.

Type or print legibly in ink. Return to our office or billing address at the bottom of this form. Call (270) 259-4034 utility billing department if you have any questions.

1.	Date Leak Was Repaired:
2.	Applicant's Name (Print)
3.	
-	Applicant's Address:
4.	Address where leak occurred (if different from above):
5.	Home Phone: 5a. Work Phone:
or any	it a copy of the detailed bill from the plumber with explanation of work performed y receipts for parts and/or items purchased to repair the leak yourself with details pairs completed. APPLICATIONS WITHOUT DOCUMENTATION WILL NOT BE SIDERED . The application and documentation submitted will be evaluated.
	T LEAKS DO NOT QUALIFY FOR ADJUSTMENTS!!!!
THE LE	EAK ADJUSTMENT PROCESS WILL NOT REDUCE YOUR BILL TO YOUR NORMAL BILL!!!!!
The inf	formation provided is true and complete to the best of applicant's knowledge and belief:
Signatu	ure of Applicant: Date:
RETUR	N THIS FORM TO: Leitchfield Utilities Utilities Billing 515 S Main Street Leitchfield, KY 42754
EXPLA	ANATION (Must be filled out where leak was at and repaired)