

**Cowen Public Service District**

**P.O. box 457**

**Cowen, WV 26206**

**304-226-3541**

**LEAK ADJUSTMENT REQUEST FORM**

Name on Account: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Service Address: \_\_\_\_\_

Date Leak Was Discovered: \_\_\_\_\_ Date Leak Was Fixed: \_\_\_\_\_

Describe Location of Leak: \_\_\_\_\_

**ATTACH PROOF THAT LEAK WAS REPAIRED** (Example: Photo, repair bill, materials, etc.)

I do hereby certify that the above information is true and request that an adjustment be made to my bill.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Actual Usage: \_\_\_\_\_ Gallons

Average Usage: \_\_\_\_\_ Gallons

Date of Last Leak Adjustment: \_\_\_\_\_

1. Was last leak adjustment over 12 months \_\_\_ YES \_\_\_ NO

2. Is the leak source eligible \_\_\_ YES \_\_\_ NO

3. Was adequate proof provided \_\_\_ YES \_\_\_ NO

Questions 1-3 must be answered to qualify \_\_\_ Yes \_\_\_ NO

Does customer qualify \_\_\_ YES \_\_\_ NO

If yes then: Original bill amount Water \$ \_\_\_\_\_ Sewer \$ \_\_\_\_\_

Adjusted bill amount Water \$ \_\_\_\_\_ Sewer \$ \_\_\_\_\_

Adjustment amount Water \$ \_\_\_\_\_ Sewer \$ \_\_\_\_\_

Utility Representative: \_\_\_\_\_ Date: \_\_\_\_\_