



## Leak Adjustment Request

PO Box 637 \* Keene, Texas \* 76059\* 817-641-3336 \* Facsimile 817-556-2060

As of July 1, 2014, Leak Adjustment Request forms will not be accepted and considered without copies of receipts for plumber services or parts purchased for occupant made repairs and Landlord/Owner verification signatures.

Leak adjustment request must be received within ten (10) calendar days from the time the customer received their bill. Additional adjustments will be considered after twelve (12) months of the initial leak adjustment.

The city will average consumption for a six (6) month period and subtract the average from leak usage. The customer's bill will be adjusted by the leak adjustment amount.

Account Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Description of Repair: \_\_\_\_\_

\_\_\_\_\_

Date of Repair: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Landlord/Owner Verification: \_\_\_\_\_

Customer's Signature: \_\_\_\_\_

\*\*Please complete this form and attach plumbing receipts. Send completed form by mail or drop off at city hall in person.

Date Received: _____	OFFICE USE ONLY	Previous Leak Adjustment: Yes/No
Received By: _____	Receipts: Yes/No	Landlord Verification: Yes/No