



# Water Leak Plumbing Form

Customer to Complete

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

Customer Address \_\_\_\_\_

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

Signature \_\_\_\_\_

*Upon signing this, I am fully aware that only one adjustment will be made per account within 12 months and that adjustment will be made towards my highest bill, unless otherwise specified*

Plumber to complete after repair

Plumber name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: \_\_\_\_\_

Nature of leak and repair(s) made: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

For OFFICE USE ONLY

Location Number: \_\_\_\_\_ Customer Number \_\_\_\_\_

Date Billed \_\_\_\_\_ CCF \_\_\_\_\_

Water charge: \$ \_\_\_\_\_

Sewer charge: \$ \_\_\_\_\_

Tax charge: \$ \_\_\_\_\_

Customer Average CCF \_\_\_\_\_

Adjustment

CCF: \_\_\_\_\_

Water charge: \$ \_\_\_\_\_

Sewer charge: \$ \_\_\_\_\_

Tax charge: \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_