



505 Downs Blvd., Franklin, TN 37064 • Office: 615-794-7796 • Fax: 615-591-9094

LEAK ADJUSTMENT REQUEST

Due to a leak at my residence, I am requesting a leak adjustment. I have repaired the leak and have presented proof of the repair in the form of a plumber's affidavit, plumber's repair bill, or receipt showing parts purchased to repair the leak. I understand that I am not eligible to receive any other leak adjustments within 12 months from this date of this request. In addition, I agree to allow H.B. & T.S. Utility District employees to make an on-site inspection to verify the location of the documented leak.

Date of Request

Account Number

Customer Name

Customer Address

Contact Number

Please answer the following questions completely. Failure to provide all information may delay review of leak request.

- 1. What date was the leak first discovered?
2. How was the leak discovered?
3. Give a brief description of the location of the leak:
4. What date was the leak repaired?
5. Name and address of person repairing leak:
6. Description of the repair work performed:

Please attach copy of plumber's affidavit and/ or billing statement for all leak repair charges

By signing below, I hereby certify that all of the information given above is correct to the best of my knowledge.

Signature:

Office Use Only

This request qualifies for a leak adjustment under the current Leak Adjustment Policy (See back for calculations.)

This request does NOT qualify for a leak adjustment under the current Leak Adjustment Policy due to the following reasons: