

HBT & S Utility District

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

E-mail Address

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