



## Leak Adjustment Reimbursement Request Form

Submittal Date: \_\_\_\_\_

**Applicant Information:**

Service Address with leak: \_\_\_\_\_

Account Holder Name(s): \_\_\_\_\_ Account # \_\_\_\_\_

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

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

Date Leak Started: \_\_\_\_\_

Date Leak Discovered: \_\_\_\_\_ Date of Repair: \_\_\_\_\_

Location of leak: \_\_\_\_\_

Description of leak repair: \_\_\_\_\_

### Applicant Affidavit

- Applicant owns and/or is the authorized account holder of the subject property listed above and is requesting consideration for a leak adjustment according to current City of Sweet Home policy.
- Applicant is requesting consideration for leak adjustment due to an "excess usage" due to water supply break, failure, and/or leak on the customer (private) side of the water meter beyond their control. **No leak adjustment is allowed for a leaking toilet or for negligent failure to repair a leak.**
- Customer must request a leak adjustment within six (6) months of the occurrence. Requests for adjustments beyond six (6) months will not be considered.
- If approved, the adjustment to the bill will be for no more than the last two billing periods.
- One adjustment per utility account will be allowed per calendar year (rolling 12-month year from last occurrence).
- Applicant hereby acknowledges the leak(s) have been corrected satisfactorily and is no longer an issue.
- Applicant understands and acknowledges leak adjustments are subject to review by City Staff and are NOT guaranteed.
- Applicant affirms that the information set forth in this Leak Adjustment Reimbursement Request Form is true and accurate.

**Applicant must attach a copy of plumber's invoice or, parts receipt.**

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

### For City Sweet Home Use Only:

Date Received: \_\_\_\_\_

Applied to Account (Date): \_\_\_\_\_ Letter sent (Date) \_\_\_\_\_