

Cowen Public Service District
P.O. Box 457
Cowen WV 26206

LEAK ADJUSTMENT REQUEST FORM

Name on Account: \_\_\_\_\_ Acct #: \_\_\_\_\_
Phone # \_\_\_\_\_
Mailing address \_\_\_\_\_
Service Address \_\_\_\_\_
Date leak was discovered \_\_\_\_\_ Date leak was fixed \_\_\_\_\_
Describe location of leak \_\_\_\_\_

ATTACH PROOF THAT LEAK WAS REPAIRED
(example: photo, repair bill, materials. etc)

I do hereby certify that the above information is true and request that an adjustment be made to my bill.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

XX

FOR OFFICE USE ONLY

Actual Usage: \_\_\_\_\_ gallons
Average usage: \_\_\_\_\_ gallons
Date of last leak adj \_\_\_\_\_

- 1. Was last leak adjustment over 12 months Yes\_\_\_ No\_\_\_
2. Is the leak source eligible Yes\_\_\_ No\_\_\_
3. Was adequate proof provided Yes\_\_\_ No\_\_\_
Questions 1-3 must be answered yes to qualify Yes\_\_\_ No\_\_\_
Does customer qualify Yes\_\_\_ No\_\_\_

If yes then:
Original bill amount Water \$ \_\_\_\_\_ Sewer \$ \_\_\_\_\_
Adjusted bill amount Water \$ \_\_\_\_\_ Sewer \$ \_\_\_\_\_
Adjustment amount Water \$ \_\_\_\_\_ Sewer \$ \_\_\_\_\_

UTILITY REPRESENTATIVE \_\_\_\_\_ date \_\_\_\_\_