

## **Business/Resident Leak & High-Water Incident and Adjustment Request Form**

	**Adjustment is f	for sewer cost only**	
Account Name:		Date:	
Account Number:		Email:	
Phone Number:		Address:	
Time period of when leak or h	nigh-water incident occu	ırred:	
Please indicate below the re 1. HIGH-WATER INCIDING Pool Watering Yard Open Faucet Pressure Was	ENT (ONE PER YEAR) /or Garden		
2. LEAK ADJUSTMENT Toilet Pipe break abo Pipe break und Hot Water Hea Other – must e	oveground (includes ins derground ater	,	
Applicant Signature:			
Business/Resider		r Incident and Adjustment Reques d by management)	t Form
Bill Amount Before Adjustn	nent:		
Water:	Sewer:	Gallons:	
Bill Amount After Adjustme	ent:		
Water:	Sewer:	Gallons:	
Adjusted Bill Total:		Adjusted Gallons:	
Submitted by:		Date:	
Approved by:		Date:	