

Buffalo Creek Public Service District  
Leak Adjustment Request Form  
To be completed by customer

NAME ON ACCOUNT: \_\_\_\_\_  
DAYTIME PHONE NUMBER: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
SERVICE ADDRESS: \_\_\_\_\_  
DATE LEAK WAS DISCOVERED: \_\_\_\_\_  
DATE LEAK WAS REPAIRED: \_\_\_\_\_  
DISCRIBE LOCATION & NATURE OF LEAK: \_\_\_\_\_

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ATTACH PROOF THAT THE LEAK WAS REPAIRED  
(EXAMPLE: PHOTO, PLUMBER'S BILL, MATERIAL BILL, ETC.)

I DO HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND REQUEST THAT AN ADJUSTMENT  
BE MADE TO MY BILL.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

XX

Customer Name: \_\_\_\_\_ Customer Account#: \_\_\_\_\_  
Average Usage: \_\_\_\_\_ Average Water Amount: \_\_\_\_\_  
Gallons Adjusted: \_\_\_\_\_ Average Sewer Amount: \_\_\_\_\_

Water Adjusted: \_\_\_\_\_ Sewer Adjusted: \_\_\_\_\_

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- (1) Date of last leak adjustment \_\_\_\_\_  
(2) Was last leak adjustment over 12 months \_\_\_\_\_  
(3) Is leak source eligible? \_\_\_\_\_  
(4) Was request received on time? \_\_\_\_\_  
(5) Was adequate proof provided? \_\_\_\_\_  
(6) Questions 1-6 must be answered yes to  
qualify. Does customer qualify? \_\_\_\_\_

Employee Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

