Ripley Customer Request for Leak Adjustment

Customer name _____

Address _____

Account number _____ Phone number _____

In order to review and act upon your adjustment request, we need as much information about leak as you can provide.

Date leak occurred _____ Where leak occurred _____

Describe how leak was repaired and materials used:

_____

_____

Date repaired _____

Repaired by _____

Did water from leak go into public sewer? YES ( ) NO ( )

Additional comments: _____

_____

I, the undersigned, request an adjustment to my bill(s) as per the rules and regulations of the West Virginia Public Service Commission and City of Ripley Leak Adjustment Policy and swear that the above information is true and accurate to the best of my knowledge.

_____ _____

Customer Signature Date

For Office Use Only

Gallons of water used during month requesting leak adjustment _____

Twelve Month Total / Average _____

Adjustment request Approved ( ) Denied ( )

Adjusted Amount:

Water _____ Sewer _____ Total _____

Explain if denied _____

Requestor: _____

_____ _____

City Representative Date

LEAK TOTAL: _____