

## LEAK ADJUSTMENT REQUEST

Customer Information			
<i>Name</i>		<i>Phone</i>	<i>Account</i>
<i>Service Address</i>		<i>City</i>	<i>Zip</i>

**\*\* REQUIRED: RECEIPT FOR MATERIALS USED OR PLUMBING SERVICES\*\***

The leak at the service address listed was repaired on the following date: \_\_\_\_\_

Summary of work completed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that Summerville CPW will only provide one leak adjustment per year.

Customer Signature \_\_\_\_\_ Date: \_\_\_\_\_

By checking this box, I hereby consent to the use of my electronic signature. I agree that this signature is valid, and has the same effect as a written signature on a paper copy of this document.

Office Use Only			
<i>Cycle Code</i>	<i>CSR</i>	<i>WI</i>	<i>Date</i>