



REQUEST FOR WATER LEAK CREDIT

DATE _____ ACCOUNT NUMBER _____

CUSTOMER NAME _____

SERVICE ADDRESS _____

DATE OF LEAK/HIGH USAGE _____

WHAT CAUSED LEAK/HIGH USAGE _____

DATE REPAIRS COMPLETED _____

CUSTOMER SIGNATURE _____ DATE _____

RECEIVED BY: _____ DATE _____

COMPLETED/APPROVED BY: _____ DATE _____

AMOUNT OF CREDIT: _____