



Leak Adjustment Form

Name: _____

Service Address: _____

Account Number: _____ Phone Number: _____

Service: Water Irrigation

Date Leak Detected _____

Date Leak Repaired _____

*Self-Repair Licensed Plumber

*By checking self-repair, you are certifying you do not have an invoice or receipt from a licensed plumber.

Please provide a brief explanation of the leak and associated repairs below:

By signing below, you certify that you are the responsible party for the account at the above service address. You further certify that you are requesting a leak adjustment from the City of Senolia and acknowledge that the "Leak Detected On" and the "Leak Repaired On" dates are accurate the best of your knowledge. Furthermore, by submitting this application you understand that a leak adjustment will be issued without the submission of all appropriate documentation and that the City of Senolia will provide an adjustment at its sole discretion.

Signature

Date