



Water & Sanitation District
15850 Holbein

LEAK ADJUSTMENT REQUEST

Customer Name: _____ Account #: _____
Service Address: _____ Phone #: _____
Date(s) of Bill(s) associated with the leak: _____ Repair Date: _____

The Leak Adjustment Request and documentation of repairs must be received within thirty (30) days of the due date listed on the Customer's utility bill for the period in which the leak occurred.

- What was the source of the leak?

- Describe what was done to correct the leak. Proof of repair is required and must be submitted with this form (i.e., plumber itemized invoice, repair parts itemized receipt, or other documentation supporting any repairs).

- Has a leak adjustment been requested or made for this service address during the last three years?
 No Yes: when? _____
- If residential, how many people reside at the location? _____
- Was the premise vacant or unoccupied when the leak occurred? No Yes
 - If yes, please provide the period of time of the vacancy. _____

As the Customer for the service address listed, I hereby apply for a billing adjustment under Donala Water & Sanitation District's Leak Adjustment Program. I confirm that the above and any attached information is true and accurate. I also acknowledge and understand that only two leak adjustments may be applied in any three year period.

Customer's Name: _____ Date: _____

Customer's Signature: _____

For additional information please call 488-3603. To complete the application please submit this form and any accompanying documentation to the address below. You may also fax your application to the fax number below or email to billing@donalawater.com. (If you choose to fax or email your application, you willingly accept all risks related to the interception, mis-addressed, mis-delivered or otherwise unsecured transmissions.)