CITY OF JEFFERSONVILLE

APPLICATION FOR LEAK ADJUSTMENT CREDIT

Name:		Date:		
Service Address:				
Customer Account Numb	er:	Daytime Ph	hone:	
Date you first noticed you	r leak:	Date	leak was repaired:	
Where was the leak located	1 5			
Inside the House	Between the house and the	water meter	In the irrigation system	
Have you ever received a p	previous leak adjustment?	NO	YES, approximate year	
Have you attached a receip	ot/documentation for the leak	repairs? YES	NO	
receipts documenting the r	= =		n enclosed with this application. Note, copies ion Form" MUST be returned with your comple	
Are you a tenant at this pro	operty? YES	NO		
Landlord's Name				
Landlord's mailing address	3			
City/State/Zip				
page)			facts you think might be helpful (or attach an ex	tra
				_
We suggest you pay at leas	st the amount of your average	e bill at this tim	ne, and pay the current amount for any future b Leak Adjustment will typically be higher than yo	
By signing this request, I co Policy.	ertify that I understand the te	rms and condit	tions of the City of Jeffersonville Leak Adjustmo	ent
Customer Signature		Printe	ed Name	

Note: If you haven't received a water bill through the date your leak was repaired, we will process your claim after your next bill. It takes an average of 30 days to process customer Leak Adjustment Claims. Your patience during this process will be appreciated. Any penalties associated with the leak during this process will be waived. If you pay by automatic bank draft and cannot pay the full amount immediately, you may call the Sewer Billing Office at (812) 285-6418 to request a temporary removal from the auto pay list. Please call two weeks prior to the due date.