

**CITY OF LAKE WORTH
Leak Adjustment Request**

TO BE COMPLETED BY CUSTOMER

Name Account Number

Account Address City Zip

Phone Number Date Leak Discovered Date Leak Repaired

Describe what happened, how the problem was discovered, and the corrective actions taken:

By signing below, you acknowledge that the statement above is true and accurate and do hereby request a credit adjustment to the utility account listed above.

Customer Signature Date

TO BE COMPLETED BY THE UTILITIES DEPARTMENT

Confirm:

- Meter is operating properly
- Meter reading was correct
- No evidence the usage was intentional or caused from neglect
- Corrective action was prompt
- Account has not had an adjustment for leak within 24 months

Determination:

Approved Not Approved

Gallons Billed Dollar Amount at Tiered Rates Dollar Amount at Second Lowest Tier

Adjustment Amount Date Adjustment Applied to Account

Utilities Department Signature