

CITY OF WALESKA

Leak Adjustment Application

Applicant Information			
Name		Account Number	
Service Address		Phone Number	
Email Address		Number of Occupants	
Date Leak Occurred		Date Leak Repaired	
Select Type of Leak:	Irrigation	Toilet	Pipe Water Heater Other
Provide a Brief Description of the Leak			
Documentation			
Have you provided a copy of the repair invoice (if repaired professionally) OR a copy of the repair receipts (if repaired by owner/tenant or agent)		Yes	No
Have you provided a copy of the billing statement for the month of leak consumption		Yes	No
Have you provided a Notarized Affidavit verifying repairs (if receipts are unavailable)		Yes	No
*Please attach your Documentation			
Acknowledgment			
<p>You will be notified by phone or e-mail once your Leak Adjustment Application has been received. Leak Adjustments are not allowed if the leak is not in excess of average consumption. Please allow 1-2 weeks for the processing of your Leak Adjustment Application.</p> <p>I have reviewed the Leak Adjustment Policy and I understand the requirements and procedures applicable to Leak Adjustments. <i>This includes knowledge that only one (1) Leak Adjustment is allowed per year.</i></p>			
Customer Signature:		Date:	
Office Use Only			
CSR:	Date Application Received:	Processed:	Date Approved: Date Denied:

PLEASE RETURN THIS FORM AND REQUIRED DOCUMENTATION TO:

City of Waleska
 8891 Fincher Rd.
 Waleska, GA 30183
rsmith@cityofwaleska.com