



UTILITY BILLING OFFICE

City Hall, 5290 Grand Meadow Dr.

Suite 1 Asbury, IA 52001

info@cityofasbury.com

563-556-7106

LEAK ADJUSTMENT REQUEST FORM

Customer Name: _____ Account Number: _____

Service Address: _____

Home Phone: _____

Work Phone: _____

Date leak was first noticed: _____ (if exact date not known please indicate bill date)

Indicate bills during which leak occurred: _____

Date leak was repaired: _____

Description of leak: _____

How leak was repaired: _____

PLEASE NOTE: Completion of this form does not guarantee an adjustment will be made to your water bill. All requests are evaluated based on your average water consumption. In order to qualify for an adjustment, the leak must be repaired and copies of any invoices or receipts for repairs made along with this form must be returned to the office within 60 days of knowledge of leak. If the form is not received within the 60-day limit you will be responsible for the entire amount of leak consumption. Payments must still be received by due date to receive adjustment. Only one leak adjustment (1 month) will be allowed in any one year (12 month) period. Credit will not be issued until at least two consecutive reads are received where it appears that consumption has returned to normal usage.

Customer Signature

Date

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FOR CITY USE ONLY

Route: _____ Received by: _____ Date received: _____ Work order initiated: _____ (Yes or No)

Date read: _____ Reading #1: _____ Consumption: _____

Date read: _____ Reading #2: _____ Consumption: _____

Reviewed/Calculated by: _____ Date: _____ Adjustment given: \$ _____

Denied: _____ Gallons: _____ Penalties: _____

Letter sent: _____ Total: _____