



WATER LEAK ADJUSTMENT FORM

Blackland Water Supply Corporation will consider requests for adjustments on water bills due to concealed leaks. The customer must have at least three (3) months of billing history at the service location where the leak occurred in order to be eligible for an adjustment. This form, along with the appropriate repair statement, must be submitted for an adjustment to be considered. If an adjustment is allowed, the water consumption to be adjusted will be charged a cost of \$6.35 per 1,000 gallons. Only one (1) water leak adjustment is allowed during a 12 month period.

You will be notified by letter within 14 days of receipt of this request if you are eligible for an adjustment.

Customer Name: _____ **Phone #:** _____

Service Address: _____

Account Number: _____

Type of Leak: _____

Exact Location of Leak: _____

Approx. Date Leak Began: _____

Date Leak Was Repaired: _____

Leak Repaired By: _____

I certify that the above information is true and correct to the best of my knowledge.

X

Customer's Signature

Date

The following information must be attached to this request:

1. If repaired by a plumber: A signed statement on the plumber's letterhead stating the date and type of repair made.
2. If repaired by an individual: A signed and notarized statement stating the date and type of repair made.
3. If repaired by customer: Please complete the statement on the following page, sign and have this statement notarized.

STATE OF TEXAS

COUNTY OF _____

I, _____, am the owner or tenant of the residence listed on this previous document. I acknowledge that I personally made the repairs to the leak at said residence.

Signed this _____ day of _____, _____.

X

Signature

Sworn to and acknowledged before me on this the _____ day of _____, _____.

X

Notary Public, State of Texas

(Personalized Seal)

For Utility Office Use Only

Date Received: _____

Date Adjustment Reviewed: _____

Decision: _____ Adjustment Allowed _____ Adjustment Denied

Amount: \$ _____

Date Customer was Notified: _____

Type of Notification: _____ Letter _____ Phone _____ In Person

X

Blackland Authorized Signature

Date