

WILDERNESS PUBLIC SERVICE DISTRICT
LEAK ADJUSTMENT REQUEST FORM

TO BE COMPLETED BY CUSTOMER

Account Name: _____ Account No.: _____

Daytime Phone No.: _____

Mailing Address: _____ Service Address: _____

Date Leak Was Discovered: _____

Date Leak Was Repaired: _____

Describe Location & Nature of Leak: _____

***** ATTACH AS MUCH PROOF AS POSSIBLE AS TO THE LOCATION OF THE LEAK**

***** AND THAT THE LEAK WAS REPAIRED!**

(Example: Photos, Plumbers Bill, Materials Bill, etc.)

***** REFER TO WPSD'S LEAK ADJUSTMENT POLICY FOR ADJUSTMENT GUIDELINES.**

***** SEE SERVICE SPECIFICATIONS FOR REPLACEMENT MATERIAL REQUIREMENTS.**

***** ATTACH PROOF THAT THE REPLACEMENT MATERIALS COMPLIED WITH SERVICE SPECIFICATIONS.**

I do hereby certify that the above information is true and request that an adjustment be made to my bill.

Signed: _____

Date: _____

FOR DISTRICT USE ONLY

Customer Account No.: _____

Average Usage: _____

Usage with Leak: _____

Is the leak source eligible? YES NO

Was request received on time? YES NO

Was adequate proof provided? YES NO

Was material requirements followed? YES NO

Does customer qualify? YES NO
