City of Mountain Park Leak Adjustment Request Form

Dear Customer:

Please fill in the form below and sign. Along with this form you are required to attach your repair receipts and/or a letter from the company or persons who made the repairs. If you made the repairs yourself and no receipt is available, then you are required to provide an **original** notarized letter specifying what repairs were made and when the repairs were made. Please provide this form along with your repair receipts to **Attn:** Carol Grace as soon as possible.

DATE:		_ DATE LEAK FOUND
CUSTOMER NAME: _		
BILLING ADDRESS:		
RE: LEAK ADJUSTMI	ENT REQUEST	
SERVICE ADDRE	SS:	
ACCOUNT NUME	BER:	
I had a leak located at (exact location of rep	pairs on property)
Repairs were made on _		Phone Number/ Email Address
I	Date of Repairs	Phone Number/ Email Address
	d for a leak adjustm	repair receipts, must be received before my ent. Any adjustment issued will be reflected eision.
Customer Signat	ure	Date
	For Off	ice Use Only
Meter Reading:	Date	Reread