

MARSHALL COUNTY BOARD OF PUBLIC UTILITIES
CUSTOMER WORK SHEET FOR LEAK ADJUSTMENTS REQUEST

Adjustments to Bills / Leak Adjustments No customer shall receive more than one (1) adjustment in a twelve (12)- month period. All requests for leak adjustments must be received in writing in person at the business office of the System during regular business hours. Customer must locate and repair the leak before any request for a leak adjustment is made. Accommodations will be made for handicapped customers via request to the business office. The System shall be under no obligation to extend the discount or the due date of the time for paying any bills because of a billing adjustment. The System shall not be obligated to make any adjustments to any bills not contested after ninety (90) days from the billing date. If an adjustment of the customer's bill is warranted, the amount of the bill will be determined based on an average for the billing period for the last four (4) months before the leak occurred plus excess of the average will be adjusted to a discounted rate. If the customer does not have a four (4) month period to average, a lesser period may be used, but not less than two (2) months. A customer who does not have at least two (2) months bills to average for a leak adjustment will be required to pay one-half (1/2) of the bill reflecting the leak. Adjustments on water bills will not be made for the following: a) Premises left or abandoned without reasonable care for the plumbing system. b) Filling of swimming pools. c) Watering of lawns or gardens. d) When more than one service or house is on a meter. The leak adjustment does not include any other fees or service charges made to the account.

Customer must describe in own words where, when and if the leak has been repaired at address requesting credit adjustment. Also draw a diagram of the location where the leak was located on your property. **LEAK MUST BE REPAIRED BEFORE ANY ADJUSTMENTS ARE COMPLETED.**

DATE: _____

NAME: _____

ADDRESS: _____

TELEPHONE #: _____

ACCT. #: _____

EXPLANATION _____

DRAWING/ DIAGRAM

Please attach copies of any receipts (plumber or hardware) you may have to verify leak was repaired.

SIGNATURE: _____