



Customer Request for Leak Adjustment

Customer name \_\_\_\_\_

Address \_\_\_\_\_

Account number \_\_\_\_\_

Daytime phone number \_\_\_\_\_

Due date of bill in question \_\_\_\_\_

Amount of bill in question \$ \_\_\_\_\_

In order to extend your adjustment request, we need as much information about your leak as you can provide.

Where leak occurred \_\_\_\_\_

Describe how leak was repaired and materials used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date repaired \_\_\_\_\_

Repaired by \_\_\_\_\_

Did water from leak go into public sewer? YES  NO

Additional comments:

\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, request an adjustment to my bill(s) as per the rules and regulations of the West Virginia Public Service Commission and swear that the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

For office use only

Adjustment request Approved  Denied

Explain if denied

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
District Representative

\_\_\_\_\_  
Date