



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