Town of Chesterfield
1 Vine Street, PO Box 456
Keeseville, NY 12944
Office: (518)834-9042
www.chesterfieldny.gov

# Water Leak Adjustment Request Form

*This form is not a guarantee that a credit will be applied to your utility bill. You will be notified by letter or phone if the request cannot be granted or if additional information is needed. By submitting this form and all required documentation, the customer certifies that all information is true and correct to the best of their knowledge. Requests will automatically be denied if required documentation is not provided.*

Name and service address: _____

Account number: _____

Daytime contact phone number: _____

Date leak occurred: _____Date leak repaired:_____

**Type of Leak**

| | |
|---|---|
| | Toilet |
| | Dishwasher |
| | Water line issue (state where) |
| | Water heater |
| | Sink |
| | Bathtub / Shower |
| | Outdoor faucet |
| | Main service line |
| | Other |

**Required Documentation**

| | |
|---|---|
| | Copy of repair invoice attached (if professionally repaired) |
| | Copy of repair receipts (if repaired by owner/tenant) |
| | Copy of bill with excessive usage that reduction is being sought (cannot be from previous quarter) |
| | Data log printed (if capable) showing leak is repaired |

Brief description of leak and action taken to repair:_____

_____

_____

_____

_____

_____

Customer Signature:_____

Date:_____

| **FOR OFFICE USE ONLY** | | |
|---|---|---|
| Board Decision | % / $ | Total Reduction |
| $ Reduction | | |
| % Reduction | | |
| No Reduction | | |
| Board Resolution # | | |
| Date of Resolution | | |

The leak adjustment form and all documentation can be submitted as follows:
Mail to **Town of Chesterfield ATTN: Water** PO Box 456, Keeseville, NY 12944
Email to clerk.chesterfield@gmail.com

| | Yes | No | Signature |
|---|---|---|---|
| Clayton Barber | | | |
| David Gload | | | |
| John Casey | | | |
| Harrison Blaise | | | |

| Water Clerk Process | |
|---|---|
| Date Completed | |
| Adjustment # | |
| Initials | |

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