

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 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

| | |
|--------------------------|--------------------------------|
| <input type="checkbox"/> | Toilet |
| <input type="checkbox"/> | Dishwasher |
| <input type="checkbox"/> | Water line issue (state where) |
| <input type="checkbox"/> | Water heater |
| <input type="checkbox"/> | Sink |
| <input type="checkbox"/> | Bathtub / Shower |
| <input type="checkbox"/> | Outdoor faucet |
| <input type="checkbox"/> | Main service line |
| <input type="checkbox"/> | 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 | | | |
| Patrick Mitchell | | | |
| John Casey | | | |
| Harrison Blaise | | | |

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

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