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



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 a | and service address: | | | | |
|----------|--------------------------------|---------------------|--|--|--|
| Accoun | nt number: | | | | |
| Daytim | ne contact phone number: | | | | |
| Date lea | eak occurred: | Date leak repaired: | | | |
| Type of | 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 de | scription of leak and action taken to repair: | | | |
| 21101 010 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Custom | er Signature: | | | |

| 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 | | | |
| Richard Klages | | | |

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