

Leak Adjustment Request Form

Accoun	nt #:	Date:	_
Custom	mar Nama.	Dhone #	
Custon	ner name.	Phone #:	-
	ty of Prescott allows water charg	ge to be reduced by 50% for a Leak Adjustment Credit if all of th	е
		due to a leak (or improper operation of a device) on the custome)r
2.		wice the 12 month average or twice the usage of the same mont	h
3.		to filling out the Leak Adjustment Application.	
4.		the City within ninety (90) days of the issuance of the first bi	ill
5.		one credit during a <u>60 month</u> period.	
6.	No more than two consecutive b	billing cycles will be adjusted.	
I,		, am the responsible party for the account at the above servic	е
auures	.s.		
		duce the water bill for this account, to the extent allowed by Cit on (date) and repaired on (date	
COMPL	LETE AND CLEAR DESCRIPTION C	ATION, PLEASE READ THE FOLLOWING CAREFULLY AND GIVE ADDED THE REPAIRS.	Α
			-
Descrip	ption of repair:		_
ADJUST REPRESINECES WHETH	TMENTS. BY SIGNING THIS DO SENTATIVE TO CONDUCT A SARY AT THE SOLE DISCRETION	O MAKE FIELD VERIFICATION BEFORE APPROVING LEAD CUMENT, YOU GRANT PERMISSION FOR A CITY OF PRESCOT FIELD VERIFICATION, IF SUCH AN INSPECTION IS DEEMED NOT THE CITY. YOU WILL BE NOTIFIED BY MAIL WITHIN 30 DAY ROVED, DENIED OR WHETHER ADDITIONAL INFORMATION IS NATION.	T D S
this app		this document and verify that they are true and correct. I certify that contain no false statements. False statements may be prosecute	
Signatu	ure:		-

Email: <u>utility.billing@prescott-az.gov</u> Fax: 928-777-1244