

Leak Adjustment Request Form

Account #:		Date:	
Custon	ner Name	Phone #:	
Ouston	ioi riamo.	Thone W.	
The Cit	ty of Prescott allows wa	ter charge to be reduced by 50% for a Leak Adjustment Credit if all of the	
	ng criteria are met:		
1.	The abnormal water quality side of the meter.	uantity is due to a leak (or improper operation of a device) on the customer	
2.	The quantity billed is a of the previous year.	t least twice the 12 month average or twice the usage of the same month	
3.		red prior to filling out the Leak Adjustment Application.	
4.		filed with the City within ninety (90) days of the issuance of the first bill	
5.		for only one credit during a <u>60 month</u> period.	
6.		secutive billing cycles will be adjusted.	
I,		, am the responsible party for the account at the above service	
addres			
IN ORD	ER TO PROCESS YOUR ETE AND CLEAR DESCR	a leak on (date) and repaired on (date) APPLICATION, PLEASE READ THE FOLLOWING CAREFULLY AND GIVE A RIPTION OF THE REPAIRS.	
Cause	of leak:		
Descrip	otion of repair:		
THE C	CITY RETAINS THE R	RIGHT TO MAKE FIELD VERIFICATION BEFORE APPROVING LEAK	
ADJUS'	TMENTS. BY SIGNING	THIS DOCUMENT, YOU GRANT PERMISSION FOR A CITY OF PRESCOTT	
		UCT A FIELD VERIFICATION, IF SUCH AN INSPECTION IS DEEMED	
		CRETION OF THE CITY. YOU WILL BE NOTIFIED BY MAIL WITHIN 30 DAYS	
	RED TO MAKE A FINAL D	IS APPROVED, DENIED OR WHETHER ADDITIONAL INFORMATION IS DETERMINATION.	
this app		tated in this document and verify that they are true and correct. I certify that ocuments contain no false statements. False statements may be prosecuted	
Signati	ure:		
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Phone: (928)777-1291

Email: <u>utility.billing@prescott-az.gov</u>