



LOSS OF WATER BY CUSTOMER FORM

Proof of repair is required (repair invoice, receipt of repair or parts, etc.)

Date _____

Account Number _____

Name of Customer _____

Phone Number _____

Service Address _____

Reason for Adjustment _____

Location of problem _____

Date problem was noticed _____

Date repaired _____

Who made repairs _____

Other comments _____

I have received a copy of Loss of Water by Customer Policy

Signature _____

Due to the amount of research and calculations involved in this process, please allow ten (10) business days for processing and adjustment.

Request form maybe emailed to utilitybilling@cityofleonard.net

For Office Use Only	Approve / Deny		
	Enter Credit		
	Action Account		
	Notify Customer		