



CITY OF MUSKEGON

WATER CUSTOMER LEAK ADJUSTMENT APPLICATION FORM

DATE: _____

ACCOUNT NUMBER: _____

NAME: _____

SERVICE ADDRESS: _____

PHONE NUMBER: _____

DESCRIBE THE NATURE OF THE PROBLEM: _____

DATE REPAIRS WERE COMPLETED: _____

CURRENT METER READING AT TIME OF THIS REQUEST:

FROM METER: _____ FROM REMOTE DEVICE: _____

NOTES: ATTACH COPIES OF PAID RECEIPTS FOR SERVICES AND/OR SUPPLIES:

- NO MORE THAN ONE LEAK ADJUSTMENT WILL BE ALLOWED IN ANY TWO-YEAR (24 MONTHS) PERIOD.
- NO MORE THAN TWO CONSECUTIVE MONTHLY BILLINGS CYCLES WILL BE ADJUSTED.
- THE REQUEST MUST BE MADE WITHIN 30 DAYS OF THE DUE DATE FOR THE BILLING CYCLE INITIALLY INVOLVED.

SIGNATURE OF CUSTOMER/REQUESTOR: _____

DATE: _____

RECEIVED BY CITY OF MUSKEGON: _____ DATE: _____