

TOWN OF CLARKSVILLE WASTEWATER BILLING OFFICE

APPLICATION FOR LEAK ADJUSTMENT CREDIT

Name: _____ Date: _____

Account Number: _____ Phone number: _____

Service Address: _____

Date you first noticed leak: _____ Date Leak was Repaired: _____

Where on your property did the leak occur? (Examples: At the meter, kitchen, toilet, etc.)

Where did the water go (examples: The yard, Basement floor, etc.)

Other information that you feel will be helpful in processing your request.

Please attach copies of repair bills or receipts for the leak repairs

Amount of Requested Adjustment _____

I hereby certify that I have received and read the Town of Clarksville's Sanitary Sewer Adjustment Policy, that all statements and any accompanying documents are true and correct. I acknowledge that all information provided is subject to investigation and that any false information may be grounds for denial or subsequent revocation of any adjustment, now or in the future.

Customer Signature

The above signature was witnessed by:

Clarksville Wastewater Employee