

Water Leak Adjustment Request Form

Customer's Name as listed on Account: _____

Account Number: _____

Service Address: _____

Telephone Number: _____

Date(s) of Bill(s) containing water volumes associated with the leak: _____

Leak Repair Date: _____

The Water Leak Adjustment Request Form and documentation of repairs must be received within sixty (60) days of the due date listed on the Customer's utility bill for the period in which the leak occurred.

◆ What was the source of the leak?

◆ Describe what was done to fix or correct the water leak problem(s). Proof of repair is requested and should be submitted with this form (ie. plumber itemized invoice, repair parts itemized receipt, or other documentation supporting any repairs). The Town of Syracuse may require the inspection of the repairs by a Town of Syracuse Public Works Employee for verification.

◆ Has a water leak adjustment been requested or made for this service address during the last twelve (12) months? Circle correct response No Yes If Yes, when? _____

◆ If residential, how many people reside at the service address? _____

◆ Was the premises vacant or unoccupied when leak occurred? Circle correct response: Yes No
If yes, please provide the period of time of the vacancy: _____

As the Customer for the above listed service address, I hereby apply for a billing adjustment under Town of Syracuse Water Leak Adjustment Program. I confirm that the above and any attached information is true and accurate. I also acknowledge and understand that only one water leak adjustments may be applied to my utility account in any twelve (12) month period.

Customer's Name: _____ (Please print) Date: _____

Customer's Signature: _____

After all documentation has been received by Customer Billing, a determination will be made if the leak is adjustable or not, and a letter will be sent to the billing address stating approval or disapproval of the leak and the details. Requests will be reviewed and determinations made as quickly as possible, but please note that this process could take 7-10 business days.

While Your Request is Processing...

While a leak adjustment request is being processed, the customer is responsible for payment of the **entire amount due** on their utility bills within the normal payment period; or the customer should request to enter into an agreed-upon payment arrangement. If this does not occur, the customer is subject to all current and applicable collection activities and termination of service processes for delinquent accounts.

Rules governing the Water Leak Adjustment Program are located at the Town of Syracuse Clerk/Treasure Office. If you need additional information please call us at (574) 457-3216. To complete the application for a water leak adjustment, please submit this form and any accompanying documentation to: Clerk/Treasure Office Attention Customer Billing - Water Leak Adjustment Program 310 N. Huntington Street, Syracuse, IN 46567. You may also fax your completed application including documentation of how the leak was fixed (receipts, invoice, etc.) to the attention of: Customer Billing – Water Leak Adjustment Program. Fax: (574) 457-2693

NOTE: If you choose to fax your application, you willingly accept all risks related to the interception, misaddressed, mis-delivered, or otherwise unsecured transmissions.