Gum Springs Water Supply

LEAK ADJUSTMENT REQUEST FORM

ACCOUNT NUMBER:			
ADDRESS WHERE YOU RECEIVE SERVICE:			
NUMBER OF OCCUPANTS:	RENT:	own:	OTHER (SPECIFY):
PHONE:	(CELL PHONE: _	- M. A.
EMAIL:			
DATE LEAK/HIGH USE REPAIRED	OR CORRECTED	•	
PROVIDE DETAILED REASON FOI	R REQUEST AND	SPECIFIC ACTIO	N TAKEN TO REPAIR OR CORRECT THE

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	, , , , , , , , , , , , , , , , , , , ,		
INCLUDE ANY DOCUMENTATION			
I hereby acknowledge to the be repaired. I understand a reques understand submission of this fo	st for adjustment	t to my water b	ill is a one-time option. I also
PLEASE MAKE SURE ALL THE BLA	ANKS ON THIS FO	ORM ARE FILLED	O OUT BEFORE SUBMITTING.
Signature:	······		Date:
Print Name:			