

City of Lewisburg
Leak Adjustment Request

Date: _____

Name on Account: _____

Contact Phone Number: _____

Account Number: _____

Service Address: _____

Date leak was discovered: _____

Describe location and nature of leak: _____

How was leak discovered: Meter Reader Bill Other _____

Date leak was repaired: _____

Contractor Information: _____
(Name and Phone #, If repairs made by contractor)

Attach proof that leak was repaired

I do hereby certify that the above information is true and request that an adjustment be made to my bill

Signature: _____ Date: _____
(Customer of record only)

Administrative Approval: _____

Building Department Approval: _____