

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

This can a Plumber/Contractor receipt. Self-repaired leaks, a receipt from store where purchased. Before and after pictures of repair, with a detailed written statement that is signed.

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: _____