

# MCWD WATER LEAK ADJUSTMENT REQUEST

Name on Account \_\_\_\_\_

Water Billing Account Number \_\_\_\_\_

Property Address \_\_\_\_\_

Email Address (if you prefer us to contact you by email) \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Date Leak Occurred /Discovered \_\_\_\_\_ Date Leak Repaired \_\_\_\_\_  
(REQUIRED)

Type of Leak:

Underground Pipe / Concealed Leak / Irrigation / Toilet / Other \_\_\_\_\_

- Please describe the leak and the actions that were taken to complete the repairs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Supporting Documents:

Repair Statement:



Self-Repair/No Supporting Documents:

- Customer responsible for all fees prior to date adjustment received.
- By signature, I verify that necessary repairs have been made prior to submitting this form. I understand that adjustments to my bill cannot be made until repairs have been completed.
- I authorize MCWD to process an adjustment, I am the account holder for the above property. If approved, this will be the only adjustment authorized on my account for the next twelve months, which may result in MCWD denying a future adjustment (over the next twelve months) even if the future adjustment is for a higher amount.
- If qualifies, the adjustment will reflect on the bill.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY

RECEIVED BY: \_\_\_\_\_ RECEIVED DATE: \_\_\_\_\_