



Date: _____

Water Leak Adjustment Request Form

Customer Name (as listed on the account): _____

Service Address: _____ Telephone No.: _____

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

1. What was the source of the leak? _____

2. Describe what was done to fix or correct the water leak problem(s). _____

3. Has a water leak adjustment been requested or made for this service address during the last year?
Yes _____ No _____ If yes, when? _____

4. If residential, how many people reside at the service address: _____

5. Was the premises vacant or unoccupied when the leak occurred? Yes _____ No _____

As the Customer for the above listed service address, I hereby apply for a billing adjustment under The City of Anderson Leak Adjustment Policy. I confirm that that the above and any attached information is true and accurate.

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

Customer's Signature: _____

If you need additional information, please call our office at (417) 845-6463. To complete the application for a water leak adjustment, please submit this form and any accompanying documentation to: (mail) PO Box 397 / (drop off) 103 W Beaver St., Anderson, Missouri 64831 or (email): cityhall@andersonmo.us

**OFFICIAL USE ONLY
(DO NOT WRITE IN THIS SPACE)**

Leak repaired? Yes _____ No _____ Amount of Bill: \$ _____ Adjusted Amount: \$ _____

Verified Repair Date: _____ Verified by (employee): _____