



### Leak Adjustment Form

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Account Number: \_\_\_\_\_

Dear Customer,

Please enclose proof of the leak and of the repair completed for it to be considered for a leak adjustment. Proof of the leak and repair may be in the form of a picture, receipt, invoice, etc. A leak adjustment will be applied only after everything has been submitted and received by our office. Please keep in mind that a leak adjustment does not exempt you from late fees, so please submit all proof of the repair in a timely manner. A leak adjustment is allowed one time, for one billing period and not for the duration of a leak, once every two years, provided it meets the approved qualifications. By signing below, you are acknowledging that you have read and agree to the terms and conditions and understand it is a one-time in two years adjustment.

Customer Name Printed: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

***District Policy; Page 23 Sec.18. Bill Adjustment Due to Customer Leak.*** An adjustment can be made one time in a two-year period by submitting a written request to the district’s office explaining that the customer had a major leak and that it has been fixed. The adjustment will be made by the judgment of the General Manager and will only be allowed one time in a two year with proper documentation for our records.

If you have any questions, please call (254) 865-6089.

Thank you,

**Coryell City Water Supply District**

**9440 FM 929**

**Gatesville, Texas 76528**

**(254) 865-6089**

**Fax: (254) 865-0148**

[www.coryellcitywater.com](http://www.coryellcitywater.com)

[office@coryellcitywater.com](mailto:office@coryellcitywater.com)

***Date request received in office:*** \_\_\_\_\_ ***Date Documents received:*** \_\_\_\_\_

***Date Scanned to account:*** \_\_\_\_\_ ***Approved by:*** \_\_\_\_\_

***Disapproved:*** \_\_\_\_\_