



WATER LEAK ADJUSTMENT FORM

DATE: _____

ACCOUNT NUMBER: _____

CUSTOMER NAME: _____

SERVICE _____ PHONE _____

ADDRESS: _____

EMAIL: _____

DATE(S) of BILL(S) FOR ADJUSTMENT: _____

◆What was the source of the leak? _____

◆Leak Repair Date: _____

◆Describe what was done to fix or correct the water leak problem(s). Proof of repair is requested and should be submitted with this form (i.e. plumber itemized invoice, repair parts itemized receipt, or other documentation supporting any repairs).

◆Has a water leak adjustment been made for this service address during the last 24 months? _____

◆Amount of Adjustment: _____

As the Customer for the above listed service address, I hereby accept the billing adjustment under the Nueces County Water Control and Improvement District #3 Water Leak Adjustment Policy. I confirm that the above and any attached information is true and accurate. I also acknowledge and understand that only one water leak adjustment may be applied to my account in any twenty-four (24) month period.

Customer Name (PRINT)

Customer Signature _____
Date

FOR OFFICE USE ONLY

DATE APPROVED: _____