

# Town of Buffalo Sanitary Board

P.O. Box 307, Buffalo, WV 25033 \* Phone: 304-937-2041 \* Fax: 304-937-3956

## Leak Adjustment Request Form

Account Number: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Billing Amount, usage period in question: \_\_\_\_\_

Mailing Address:

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

Service Address:

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

Did any of the leaked water enter into the Sewer System: \_\_\_\_\_

**Attach Documentations proving leak was repaired if you have had a leak adjustment in the last 12 months!**

(Example: photos, plumber's invoice, receipt for materials, etc.)

I do hereby certify that the above information is true and request that a leak adjustment be made to my bill:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### FOR UTILITY USE ONLY

Customer Name & Account # \_\_\_\_\_

Date of last leak adjustment \_\_\_\_\_

Usage including Leak \_\_\_\_\_ gallons

Average Historical usage \_\_\_\_\_ gallons

Excess Usage \_\_\_\_\_ gallons

- 1) Was last leak adjustment more than \_\_\_\_\_ months ago? Yes \_\_\_\_\_ No \_\_\_\_\_
- 2) Is this an eligible leak, with adequate documentation? Yes \_\_\_\_\_ No \_\_\_\_\_
- 3) Was request received on time? Yes \_\_\_\_\_ No \_\_\_\_\_
- 4) Did leaked water enter sewer system (proof Required) Yes \_\_\_\_\_ No \_\_\_\_\_

Original Bill \$ \_\_\_\_\_ for billing period \_\_\_\_\_

Leak Adjustment \$ \_\_\_\_\_

Gallons Adjusted \_\_\_\_\_

Employee: \_\_\_\_\_ Date: \_\_\_\_\_