

**ENLARGED HEPZIBAH PSD  
DRAWER H  
HEPZIBAH, WV 26369  
Phone: 304-623-2217, Fax: 304-626-3326**

Fred Martin, Secretary  
Darlene Swiger, Chairman

Sharon Hamilton, Treasurer  
Kevin Short, Interim General Manager

**LEAK ADJUSTMENT REQUEST FORM**  
**TO BE COMPLETED BY CUSTOMER**

**Name on Account:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_ **Daytime Phone No:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Service Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date Leak Was Discovered:** \_\_\_\_\_ **Date Leak Was Repaired:** \_\_\_\_\_

**Detailed Description of Leak Location:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Customer Signature) (Date)

**ATTACH PROOF THAT LEAK WAS REPAIRED!!**  
**EXAMPLES: Photos, plumber's bills/receipts, material receipts, etc.**

(You can e-mail photos of above and completed form to [hepzibahpsd@gmail.com](mailto:hepzibahpsd@gmail.com))

**ALL THE ABOVE MUST BE COMPLETED AND RETURNED TO SUN VALLEY PSD WITH PROPER DOCUMENTATION OF LEAK REPAIR WITHIN ONE (MONTH) OF LEAK DISCOVERY &/OR REPAIR. FAILURE TO COMPLY MAY DISQUALIFY THE CUSTOMER FROM ANY LEAK ADJUSTMENT. FOR MORE INFORMATION ON WHAT QUALIFIES AS A LEAK AND HOW AN ADJUSTMENT IS CALCULATED, PLEASE SEE OUR LEAK ADJUSTMENT POLICY.**

**FOR OFFICE USE ONLY**

200% Average Usage: \_\_\_\_\_ gallons. Usage with leak: \_\_\_\_\_ gallons. Date of last leak adjustment: \_\_\_\_\_.

- |  |     |    |
|--|-----|----|
| 1) Is usage with leak at least twice (200%) historical average usage?  | YES | NO |
| 2) Is the leak source eligible for adjustment                          | YES | NO |
| 3) Was request received on time? (one (1) month from discovery/repair) | YES | NO |
| 4) Was adequate proof provided?  | YES | NO |

Questions 1 – 4 must be answered YES to qualify.

Does Customer Qualify YES NO

If Yes then; Original Bill \$ \_\_\_\_\_  
Adjusted Bill \$ \_\_\_\_\_  
Adjusted Amount \$ \_\_\_\_\_

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