

South Carroll Utility District
P.O. Box 127
Clarksburg, TN 38324
(731) 535-3190

**APPLICATION FOR LEAK
ADJUSTMENT CREDIT**

Name: _____ Date: _____

Service Address: _____

Daytime Phone: _____

Customer Account Number: _____

Date you first noticed leak: _____ Date the leak was repaired: _____

Where was the leak located? *(Please indicate below)*

- inside the house between the house and the water meter in the irrigation system

Have you ever received a previous leak adjustment? NO YES approximate year _____

Have you attached a receipt/documentation for the leak repairs? NO YES

If repair parts were used for the repair or a commercial establishment performed the repairs, why are receipts not available? _____

NOTE: Copies of receipts documenting the repair or reason listed above MUST be returned with your completed application, or the application will be returned to you.

Please describe how your leak was identified or provide any additional facts you think might be helpful (or attach an extra page)

How much is your total water bill? _____

We suggest that you pay at least the amount of your "average" bill at this time, and pay the current amount for any future bills until the adjustment has been processed including the administrative fee. The balance due after your Leak Adjustment will typically be higher than your usual bill amount.

Are you a tenant at this property? NO YES *(if yes, fill out landlord information below)*

Landlord's Name: _____

Landlord's mailing address: _____

City/State/Zip _____

Landlord's Phone Number: _____

By signing this request, I certify that I understand the terms and conditions of the South Carroll Utility District Leak Adjustment Policy.

Customer Name (PRINT)

Customer Signature