PHONE: 251-626-5554 FAX: 251-626-5540 www.belforestwater.com



9080 County Rd 64 Daphne, AL 36526

Leak Adjustment Request

Date:	Customer Number:	_ Customer Number:		
Account Name:		Phone Number:		
Service Address:				
Date leak was detected:				
Date Repaired:				
Cost of Repair: \$				
Billing Period for Leak Requ	uest:			
leak has been prope	est, I attest that I detected a leak erly repaired. I understand that if leak adjustment for 12 months fo	f I am granted an adju	ustment, I will not be	
Signature:				
Date:				
OFFICE USE ONLY BELOW	THIS LINE			
Per software, leak fixed? Yes	□No□	Average Bill: \$	Gallons	
	es□No□ If yes, what date?	Usage	Gallon	
			\$	
	eclined, why?		-\$	
		20080	Gallon	
Approved by:		Bill Amt	\$	
		Adjustment Amt	-\$	