

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



9080 County Rd 64
Daphne, AL 36526

Leak Adjustment Request

Date: _____ Customer Number: _____

Account Name: _____ Phone Number: _____

Service Address: _____

Describe Leak: _____

Date leak was detected: _____

Date Repaired: _____

Repaired by: _____

Cost of Repair: \$ _____

Billing Period for Leak Request: _____

- **By signing this request, I attest that I detected a leak in my water distribution system and that the leak has been properly repaired. I understand that if I am granted an adjustment, I will not be eligible for another leak adjustment for 36 months following the date of this leak adjustment.**

Signature: _____

Date: _____

OFFICE USE ONLY BELOW THIS LINE

Per software, leak fixed? Yes No

Previous Leak Adjustment? Yes No If yes, what date? _____

Adjustment Amount: _____

Approved Declined If declined, why? _____

Date Approved: _____

Approved by: _____

| | |
|------------------|---------|
| Average Bill: \$ | Gallons |
| Usage | Gallons |
| Bill Amt | \$ |
| Adjustment Amt | -\$ |
| Usage | Gallons |
| Bill Amt | \$ |
| Adjustment Amt | -\$ |