

LEAK ADJUSTMENT FORM

White County Water Authority
PO Box 3020
Cleveland GA 30528
(706) 865-0788 (office) (706) 865-0329 (fax)

White County Water Authority offers an annual per owner adjustment on customer's bill for qualifying outdoor water leaks.

To be eligible for an adjustment you must:

- ♦ Not have received a previous adjustment; and
- ♦ Have a leak deemed undetectable by the homeowner, no adjustment will be granted for internal plumbing leaks which should be considered a household maintenance issue; and
- ♦ Have repaired the leak within 30 days of being notified or when the leak was discovered; and
- ♦ Provide proof of the repair (receipts for any material or services related to the repair)

IMPORTANT: Please be aware that the leak can run into two (2) different billing cycles. The Authority will only adjust one (1) bill at your request. Adjustment is an annual benefit. If you request and receive an adjustment for a leak, large or small, you will not be eligible for another leak adjustment for 1 year dating back to previous adjustment.

No action can be taken to process your adjustment until all information on the application form is complete.

Name _____ Date _____

Service Address _____
(street) (city) (state) (zip code)

Mailing Address _____
(street) (city) (state) (zip code)

Daytime Phone _____ Acct # _____

Date you first noticed leak _____ Date leak was repaired _____

Where was the leak? (please indicate below)

Inside Home

Between Home and Meter

Have you ever received a previous leak adjustment? Yes No

Have you provided receipt(s) for leak repair? Yes No

** If "No" receipts are required for adjustment (attach receipts to this form)

Are you a tenant at this property? Yes No

Landlord's Name _____

Landlord's Mailing Address _____
(street) (city) (state) (zip code)

How much is the bill? _____

All adjustment cost will be based on your average bill, the rate above your average will be charged at the full White County Water Authority wholesale rate for the amount that went through your water meter as a result of the leak.

By signing this request, I certify that I understand the terms and conditions of the leak adjustment policy and acknowledge that I will not be eligible for another leak adjustment until one (1) year dating back to previous adjustment.

Customer's Signature

Customer's Printed Name