



CUSTOMER REQUEST FOR LEAK ADJUSTMENT

Please read the policy to determine if you have a qualifying leak.

Customer Name: _____
(Please Print)

Mailing Address: _____

City: _____ Zip Code: _____

Account Number: _____ Phone Number: _____

Property Owner: (if different from above) _____

Property Location: (if different from above) _____

Date Leak Discovered: _____ Date Repaired: _____

Describe the location of the leak and the action you took to repair it.

I, the undersigned customer, do swear that the above information is true and accurate to the best of my knowledge, and I do hereby request an adjustment to the water bill under the provisions of the Houtzdale Municipal Authority Leak Adjustment Policy.

Customer Signature: _____ Date: _____
(Required)

Please complete this request form and return it to the Water Authority. Include copies of you receipts for materials, plumber's bill, etc. if required as noted above. You will be notified of the amount of the adjustments made and any remaining balance due or credit on your account.

Mail or drop off your request to: Houtzdale Municipal Authority
PO Box 97
561 Kirk St
Houtzdale, Pa 16651