

S.S. Water Supply Corporation

Leak Adjustment Form

Name: _____ Acct. #: _____ Date: _____

Email: _____ Phone: _____

Billing Address: _____

Billing Period/Event for Adjustment: _____

Description of the Leak: *(Please provide receipts, photos, and/or a detailed description of the leak, how it occurred, where and how it was repaired. Additionally, please note that Irrigation System/RPZ leaks are the sole risk of the Member and are not considered a leak for this type of adjustment.)*

Notes:

- Only one adjustment per every 12-Months is allowed.
- No Leak Adjustments approved after the amount has become delinquent.
- Leak must be more than 15,000 gallons.
- Member must have been on the system for a minimum of six (6) months.
- Only a Member may apply for the adjustment; renters must request owners to apply.
- Leak Adjustments are not final and are subject to change upon review by Management.
- **ALL LEAK ADJUSTMENTS MUST BE SUBMITTED BEFORE DUE DATE OF THE 10TH.**

Member Signature

Date

General or Business Manager

Date Approved / Disapproved

If Disapproved, reason why:
