

**Pleasant View Utility District
Leak Adjustment Request**

REQUEST ADJUSTMENT FOR WATER _____ SEWER _____

ACCT# _____ CUST# _____ DATE: _____

(The Customer Service Representative will furnish this)

NAME: _____ HOME PHONE: _____

ADDRESS _____ WORK PHONE: _____

LEAK MUST BE REPAIRED BEFORE REQUEST WILL BE CONSIDERED. A COPY OF THE PLUMBERS AFFIDAVIT OR STATEMENT MUST BE ATTACHED TO REQUEST.

WHEN DID LEAK OCCUR: _____ DATE REPAIRED _____

WHERE DID LEAK OCCUR: _____

WHAT WAS THE CAUSE OF THE LEAK: _____

WHAT TYPE OF PIPE? _____ PVC _____ GALVANIZED
 _____ TUBING _____ OTHER _____

IF YOU DO NOT HAVE A 6 MONTH WATER USAGE HISTORY PLEASE FILL OUT THE FOLLOWING (WHERE THERE IS NOT A 6 MONTH WATER USAGE HISTORY THE AWWA STANDARD USAGE MAY BE USED):

NUMBER OF PERSONS LIVING IN HOUSE: _____

TO BE COMPLETED BY PVUD:

WATER LEAK _____ DOES QUALIFY FOR ADJUSTMENT WATER \$ _____

TAX \$ _____

TOTAL \$ _____

_____ DOES NOT QUALIFY FOR ADJUSTMENT FOR THE FOLLOWING REASON: _____

SEWER _____ DOES QUALIFY FOR ADJUSTMENT SEWER \$ _____

_____ DOES NOT QUALIFY FOR ADJUSTMENT FOR THE FOLLOWING REASON: _____

_____ GENERAL MANAGER OR OFFICE MANAGER APPROVAL REQUIRED

_____ DATE