

**CITY OF SPLENDORA
LEAK ADJUSTMENT request**

ACCOUNT NO. _____
SERVICE ADDRESS: _____
PHONE NUMBER: _____

A City of Splendor Ordinance allows for a Leak Adjustment credit because of loss of water through an "excusable defect" in the customer's water line. An excusable defect is due to a rupture or leakage caused by weather, settlement, corrosion, wear or accident. Credit may be given for one-half of the rate charged to usage in excess of the average. This adjustment is limited to a maximum of three (3) consecutive months and must be requested within six (6) months of the repair. **Visible leaks such as faucet and hose leaks are ineligible.**

I, _____ (Give full legal name and/or business identity.), am the responsible Party for the account at the above service address.

I am familiar with all of the facts stated in this document and they are true and correct. Making false statement on this government record is subject to criminal prosecution under Chapter 37 of the Texas Penal Code. I certify that this application and attached documents contain no false statements.

I am asking the City of Splendor to reduce the water bills for this account, the extent allowed by City Ordinance because of a leak beginning on _____ (date) and repaired on _____ (date). During this period, the following additional water using appliances (washer, dishwasher, spa, etc.) were installed at the service address. State NONE" if none were added _____, The water lost from this leak was not used by anyone.

IN ORDER TO PROCESS YOUR APPLICATION QUICKLY AND EFFICIENTLY, PLEASE READ THE FOLLOWING CAREFULLY AND GIVE A COMPLETE AND CLEAR DESCRIPTION FO THE REPAIRS.

Type of leak on customer's side of meter: _____
Description of Repairs: _____

Attach documentation of the repair date, address, type of repair, and cost. Acceptable documents include plumber's statement/bill or a receipt for parts. Businesses with in-house maintenance may submit a statement signed by two (2) employees who witnessed the repair.

In all cases, the City retains the right to make field verification before approving leak adjustments.

You will be notified by phone or mail when your request is approved or denied.

Signature of Person requesting a leak adjustment: _____

Printed Name: _____ Date: _____

COMPLETE AND RETURN TO:

CITY OF SPLENDORA UTILITIES
P. O. Box 1087
Splendor, Texas 77372