Leak Adjustment Request

CUSTOMER INFORMATION

Name: _____   **Service address:** _____

Phone: _____   **Email:** _____

LEAK INFORMATION:

Date leak was discovered: _____   **Date leak was repaired:** _____

Type of leak:
- ☐ Irrigation system
- ☐ Commode
- ☐ Swimming pool
- ☐ Water heater
- ☐ Water softener
- ☐ Flex supply (sink, ice maker, dishwasher, etc.)
- ☐ Broken pipe (wall, foundation, yard, pressure reducing valve (PRV), etc.)
- ☐ Other: _____

Customer must provide proof of repair before an adjustment will be considered. Acceptable proof would be pictures or receipts for repairs. Customer has 60 days to file after repair.

Rate payers are responsible for paying the usual and customary billing amount by the due date or the account may be subject to disconnection while the account is under review. If the balance due will not be paid by the due date, it is the rate payer's responsibility to request an extension or make payment arrangements. Once the review is complete, the rate payer retains responsibility for the balance due following the investigation. For more information regarding the City of Bandera's Leak Adjustment program, please visit our website at www.cityofbandera.org/utilities.

The below table applies to both residential and commercial accounts and is maximum allowed adjustment for leaks.

Percent allowed	Max $ amount allowed	Type of leak
50%	$100	Irrigation system
25%	$100	Flex supply line (sink, ice maker, dishwasher, etc.)
25%	$100	Commode (supply line or tank)
25%	$100	Swimming pool (supply line, faulty refill mechanism)
25%	$100	Water heater (supply line, faulty fill mechanism)
25%	$100	Water softener (supply line, faulty fill mechanism)
50%	$300	Broken pipe (wall, foundation, yard, pressure reducing valve (PRV), etc.)
100%	N/A	Meter outlet washer, insulating coupling, meter connection, blown gasket, City of Bandera damage to customer pipe

I certify that the information above is correct and complete to the best of my knowledge.

_____   _____
Authorized Signature   Date

FOR CITY USE ONLY:

Received by: _____   Date: _____   Proof provided: ☐ Yes   ☐ No