



LEAK ADJUSTMENT REQUEST

Form to be completed by the account owner

Customer Name: _____

Account Number: _____

Phone Number: _____

Date of Repair: _____

I _____, request an adjustment to my water bill due to a water leak at _____ (service address).

I understand that I can receive an adjustment if I qualify as outlined in the current Leak Adjustment Policy of Gastonia-Scurry Special Utility District.

- To qualify for a leak adjustment, the usage (bill) must be three (3) times above the customer's average usage based on a 12-month average.
- Submit proof of repair within 60 days of repaired leak, such as plumbers' invoice, material receipt or verification of repair by GSSUD employee.
- Adjustment may be applied to no more than 2 consecutive months based on date of repair.
- This policy is only applicable to one (1) leak per account per calendar period. In the event of a second (2) leak in a calendar year, the above policy applies AND a GSSUD field employee must inspect the repair within 5 days of the reported leak. GSSUD reserves the right to refuse a second leak adjustment.

I understand that this request does not confirm that an adjustment will automatically be placed on my account for credit. An authorization from the account owner, must be given to the water district before a leak adjustment credit can be applied to the account.

I understand that this is a request for an adjustment and that once the adjustment is calculated a representative of the water district will contact me with an adjustment amount if one applies.

I understand that I will be given an option to accept or decline the adjustment.

Signature (Account Owner)

Date

GSSUD Approval Signature