

E-mail:
duncand@cityofalvarado.org
Fax:
817-783-7925



LEAK ADJUSTMENT REQUEST FORM

Customer Name on Water/Sewer Account _____

Service Address _____

Customer Contact # / E-Mail _____

PLUMBER'S STATEMENT AND/OR RECEIPTS MUST BE ATTACHED TO THIS FORM

Please give a brief description and type of leak (i.e. sprinkler leak, slab leak, etc.) For additional room, please use back side. **Running toilet does not qualify unless licensed plumber verifies leak was under toilet or in the wall.**

Date leak was repaired _____

Customer's Signature _____

***** To be considered for an adjustment, **there must be at least 6 month's usage history**. All requests will be handled on a case-by-case basis. *****

Office Use Only:

Date Received _____ Walk-In Mail Night Box E-Mail Fax

Account # _____