



Greater Harrison County
Public Service District

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LEAK ADJUSTMENT REQUEST FORM

TO BE COMPLETED BY CUSTOMER

Name on Account: _____ Account Number: _____

Daytime Phone No: _____

Mailing Address: _____

Service Address: _____

Date Leak Was Discovered: _____

Date Leak Was Repaired: _____

Describe Location: _____

Nature of Leak: _____

ATTACH PROOF THAT LEAK WAS REPAIRED!! (Example: Photos, Plumbers Bill, Materials Bill, etc.)

I do hereby certify that the above information is true and request that an adjustment be made to my bill.

Signed: _____ Date: _____

FOR DISTRICT USE ONLY

Average Usage: _____ gallons

Usage with leak: _____ gallons

Date of last leak adjustment: _____

- | | | |
|---|-----|----|
| 1) Was last leak adjustment over 12 months ago? | YES | NO |
| 2) Is usage with leak twice average usage? | YES | NO |
| 3) Is the leak source eligible? | YES | NO |
| 4) Was request received on time? | YES | NO |
| 5) Was adequate proof provided? | YES | NO |
| Questions 1-5 must be answered Yes to qualify. | | |
| Does Customer Qualify? | YES | NO |

If YES then

Original Bill	\$	_____
Adjusted Bill	\$	_____
Adjusted Amount	\$	_____

Employee: _____

Date: _____