CHESTNUT RIDGE PUBLIC SERVICE DISTRICT

LEAK ADJUSTMENT REQUEST FORM

Customer, please fill in the following information:

Account number: _____ Name(s) on account: _____

Daytime phone number: _____

Service address: _____

Billing cycle for which adjustment is requested (please provide bill date, usage amount, or amount billed): _____

Date leak was found: _____

Date leak was repaired: _____

Describe the work done and materials used to complete the repair: _____

_____

_____

_____

_____

ATTACH DOCUMENTATION SHOWING LEAK WAS REPAIRED

(Examples: photos, plumber's invoice, receipt for materials, etc.)

I do hereby certify that the above information is true and request that an adjustment be made to my bill following the formula outlined in Chestnut Ridge's Leak Adjustment Policy:

Signature: _____ Date: _____

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DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Operator name: _____ Date of site visit: _____

Is leak repair consistent with Leak Adjustment Policy requirements? _____

Remarks: _____

_____

Have field employees verified this to be an eligible leak: YES _____ NO _____

Has customer provided adequate documentation: YES _____ NO _____

Was request form received in a timely manner: YES _____ NO _____

Has customer received adjustment in the past 12 months? YES _____ NO _____

If yes, date of last adjustment: _____

Remarks:

_____

_____

Average monthly usage for 12 months prior to leak: _____

200% of average monthly usage: _____

Usage including leak, in gallons: _____

Gallons attributed to leak (usage minus 200% of monthly usage): _____

Incremental cost (leak gallons times adjustment rate): _____

Bill calculation at 200% of usage: _____

Total to be billed at leak adjustment rates (bill calculation plus incremental cost): _____

Amount billed: _____

Adjustment due (amount billed minus total to be billed): _____

CRPSD manager approval: _____

Date of adjustment entry on account: _____