

S.S. Water Supply Corporation Leak Adjustment Form

Name: _____	Account# _____
	Date: _____
Email: _____	Phone: _____
Billing Address: _____	State/Zip: _____

Billing Month for Adjustment: _____ *Must be submitted before the due date.*

Description of the Leak: *Please provide receipts, photos, and a detailed description of the leak, how it occurred, where and how it was repaired.*

Please note: Irrigation System Leaks are the sole risk of the member and are not considered a leak for this type of adjustment.

The fine print:

1. Only One Adjustment per every 12-Months is allowed.
2. ALL LEAK ADJUSTMENTS MUST BE SUBMITTED BEFORE THE DUE DATE OF THE 10TH. No Leak Adjustments approved after the amount has become delinquent.
2. Leak must be more than 30,000 gallons.
3. Member must be on the system for a minimum of 6-Months.
4. Proof by receipt, repair bill, detailed description and photos will be required for adjustment.
5. Only a Member may apply for the adjustment, renters must request owner's to apply.
6. Leak Adjustments are not final and are subject to change upon review by Management.

_____ Member Signature	_____ Date
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_____ General Manager/Office Manager	_____ Date Approved
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Approved

Disapproved

If not approved, why:
