



CITY OF LOXLEY

WATER BILLING DIVISION

P.O. Box 9 • 1089 S. HICKORY ST. • LOXLEY, AL 36551

PHONE: (251) 964-5162 • FAX: (251) 964-5371

Email: loxleypud@cityofloxley.com

LEAK ADJUSTMENT REQUEST FORM

- This form, along with the appropriate repair statement, must be submitted for an adjustment to be considered. A copy of a plumber or contractor repair bill must accompany this request for adjustment.
- If you repaired the leak yourself, a copy of the materials purchase receipt must accompany this request.
- Please note that the form is not a guarantee that a credit will be applied to your bill. If a credit is issued, it will be reflected on your next bill. In most cases an adjustment credit will only reduce and not eliminate an entire bill. You will be responsible for any remaining amounts.
- You will be notified if the request cannot be granted or if additional information is needed.

Customer Name _____

Service Address _____

Account Number

Email: _____ Phone _____

Date Leak Occured _____
mm/dd/yyyy

Date Leak Repaired _____
mm/dd/yyyy

• ***Has a water leak adjustment been requested or made for this service address during the last five years?***

No Yes If Yes, when? _____

Leak Type: Underground Pipe Toilet Irrigation Other (Please describe below)

Please provide a detailed description of the leak and actions the were taken to complete the repairs:

I understand that completion of this form does not guarantee a water adjustment will be given. I also understand that all documents, including repair receipts, must be received before my account will be reviewed for a leak adjustment. I also certify that all of the information submitted is true and correct and applies to the account for which the credit is sought.

Signature

Date mm/dd/yyyy