



CITY OF HAVELOCK
CUSTOMER SERVICE
LEAK ADJUSTMENT REQUEST FORM

DATE SUBMITTED: _____

Service Address _____

Daytime Phone _____ Email _____

**** In order to be considered for an adjustment, the required permits must have been obtained prior to the repair-please check with Planning and Inspections to verify if a permit is required for your repair****

City of Havelock Planning and Inspections – 444-6433

Customers who have water leaks which are not easily detected (e.g., under buildings or paved areas) will be granted an adjustment in the sewer portion of one-month's bill, providing the water drained into the ground and not through the City sewer system. The customer must submit a letter to the Water Department requesting the adjustment and attach a copy of the plumbing repair bill. A credit will be computed based on the customer's average monthly sewer bill for the twelve (12) months prior to the leak. (1989 Code, § 16-11.1) (Ord. passed 3-22-1993)

Leaks such as leaking faucets, leaking toilets, sprinkler systems, or accidental over-watering are ineligible.

I, _____, am the Responsible Party for the account at the above service address.
(Give full legal name and/or business identity)

I am asking the City of Havelock to reduce the water bill for this account, to the extent allowed by City ordinance because of a leak beginning on (date) _____ and repaired on (date) _____.

IN ORDER TO PROCESS YOUR APPLICATION QUICKLY & EFFICIENTLY, PLEASE READ THE FOLLOWING CAREFULLY AND GIVE A COMPLETE AND CLEAR DESCRIPTION OF THE REPAIRS.

Location of leak, including distance from meter and/or house: _____

Description of repair: _____

Attach documentation of the repair date, address, type of repair, and cost. Acceptable documents include plumber's statement/bill, or a receipt for parts.

Signature of person requesting a leak adjustment: _____ Date: _____

This institution is an equal opportunity provider and employer.

******* Office Use Only *******

Account Number _____ DRAFTED: Yes ___ No ___ Proposed adjustment: _____

Prepared by: _____ Exempted from Penalty: _____ Exempted from Disconnect: _____

Adjustment completed by: _____ On _____ Customer contacted by: _____ On _____