



### LEAK ADJUSTMENT REQUEST

Today's Date    /    /		<i>Office use only</i>	
Service address _____		Account No.	
Your Name _____		Date entered                      By:	
Last                                      First                                      M.I.			
Phone No.    (                                      -                                      )			
Reason for adjustment:			

The City of Pooler shall have the right to adjust water and sewer bills in the case of water leaks and in other special circumstances. A plumbing repair bill or other evidence must accompany a request for a billing adjustment. The City of Pooler shall only adjust one bill per incident per calander year. The amount of adjustment shall be determined by averaging the past six (6) months of water and sewer usage and shall be approved by the Water Superintendent and the Finance Officer.

X  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:

X  
\_\_\_\_\_  
Approved by: Mark L. Williams- Water Superintendent

\_\_\_\_\_  
Date: