

**LEAK/POOL ADJUSTMENT REQUEST**

DATE: \_\_\_\_\_

CUSTOMER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NO. \_\_\_\_\_

ACCT NO. \_\_\_\_\_

TYPE: SEWER \_\_\_\_\_ POOL (SIZE) \_\_\_\_\_

DESCRIPTION OF LEAK (MUST PROVIDE RECEIPT OF FIXED LEAK):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE REPAIRED: \_\_\_\_\_

**\*MAXIMUM OF 2 LEAK ADJUSTMENTS PER YEAR\***

**\*1 POOL ADJUSTMENT PER YEAR/6000 GALLONS MINIMUM\***