



23820 N Sardis
Mabelvale, AR 72103
Office: 501-602-5393 Fax: 501-602-2674

LEAK ADJUSTMENT REQUEST FORM

Account Number: _____ Service Address: _____

Customer Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work or Cell Phone: _____

Date Leak Reported: _____ Date Leak Repaired: _____

Location of Leak: _____

Description of the repair work completed: _____

I have attached copies of all documents pertaining to the leak, including all repair receipts. I understand that I will not receive an adjustment if I do not meet the requirements and will be expected to pay 50% of the adjustment by the due date or will be required to set up payment arrangements.

Customer Signature

Date