

# Jefferson County Public Service District

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## Request for Leak Adjustment

(Please read the Jefferson County PSD Leak Adjustment Policy to determine if you qualify for a leak adjustment.)

Customer Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Account #: \_\_\_\_\_

Date Leak Discovered: \_\_\_\_\_ Date Repaired: \_\_\_\_\_

Describe the location of the leak and how the leak was repaired. Attach any and all receipts/invoices for the repair.

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I, \_\_\_\_\_, do swear that the above information is accurate to the best of my knowledge, and I do hereby request an adjustment to the sewer bill under the provisions of the Jefferson County Public Service District Leak Adjustment Policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date