

MILTON MUNICIPAL UTILITIES COMMISSION

1139 SMITH STREET

MILTON, WV 25541

PHONE #: (304) 743-3422 FAX #: (304) 743-1872

miltonutilities@cityofmiltonwv.com

REQUEST FOR LEAK ADJUSTMENT

This form does not relieve responsibility of payment. All bills must be paid in full by the due date. Visit our office before the due date to make a payment arrangement and avoid additional charges and/or disconnection of service.

Customer Name: _____

Account Number: _____ Phone Number: _____

Service Address: _____

Date Leak Discovered: _____ Date Repaired: _____

Due Date of Bill in Question: _____ Amount of Bill in Question: _____

ATTACH DOCUMENTATION PROVING LEAK WAS REPAIRED!

(Example: photos, plumber's invoices, receipt for materials, etc.)

In order to better serve you with your adjustment request, we need as much information about the leak as possible. Explain in full detail the *type* of leak, *where* the leak occurred, *how* it was repaired, and *who* made the repairs.

I, the undersigned, swear that the above information is true and accurate to the best of my knowledge, and I do hereby request an adjustment to the above-mentioned Bill(s) under the provisions of the Milton Municipal Utilities Leak Adjustment Policy and the West Virginia Public Service Commission rules.

Signed: _____ Date: _____

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FOR UTILITY USE ONLY

Date of Last Leak Adjustment: _____ Water/Sewer/Both: _____

Avg. Consumption: _____ Avg. Bill: _____ History: _____

Received By: _____ Date: _____

APPROVED/DENIED: _____ 2ND ADJUSTMENT _____