

CITY OF NAPA VINE UTILITY BILLING
LEAK ADJUSTMENT REQUEST

CUSTOMER NAME (PRINT)

DATE

ADDRESS WHERE LEAK OCCURRED

ACCOUNT #

CUSTOMER MAILING ADDRESS

PHONE #

I HEREBY NOTIFY THE CITY OF NAPA VINE UTILITIES BILLING DEPARTMENT THAT A WATER LEAK AT THE ABOVE ADDRESS HAS BEEN REPAIRED. I REQUEST AN ADJUSTMENT BE MADE TO MY BILLING PER CITY POLICY. I UNDERSTAND THAT SIGNING THIS FORM DOES NOT GUARANTEE A BILLING ADJUSTMENT WILL BE MADE AND THAT I AM ONLY PERMITTED ONE LEAK ADJUSTMENT PER YEAR.

APPROXIMATE DATE LEAK FIRST NOTICED

DATE LEAK REPAIRED

LEAK REPAIRED BY

EXACT LOCATION OF LEAK AT PREMISIS

SIGNED (CUSTOMER SIGNATURE)

PLEASE PRINT CUSTOMER NAME

OFFICIAL CITY USE ONLY - BEYOND THIS POINT

METER READING

DATE

ADJUSTMENT AUTHORIZED YES NO

AUTHORIZED SIGNATURE FOR APPROVAL

DATE

COMMENTS:

CITY OF NAPAVINE UTILITY BILLING
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MONTH(S) ADJUSTED _____

DATE _____

COMMENTS:

STAFF SIGNATURE REQUESTING ADJUSTMENT _____

DATE _____

CURRENT BALANCE	ADJUSTMENT	ADJUSTED BILL
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Current Usage _____ Average Usage _____ Total Usage _____

Water \$ _____ Water \$ _____ Water \$ _____

Sewer \$ _____ Sewer \$ _____ Sewer \$ _____

Water Utility Tax \$ _____ Water Utility Tax \$ _____ Water Utility Tax \$ _____

Sewer Utility Tax \$ _____ Sewer Utility Tax \$ _____ Sewer Utility Tax \$ _____

TOTAL \$ _____ TOTAL \$ _____ TOTAL \$ _____