

CAMINO REAL REGIONAL UTILITY AUTHORITY
WATER LEAK ADJUSTMENT FORM

Customer Account Number: _____

Date: _____

Customer Name: _____

Phone: _____

Mailing Address: _____

E-mail: _____

Service Address: _____

Customer complaint:

Description of the location of water leak:

Date the water leak was discovered: _____

Has the water leak been repaired: Yes No

Date the water leak was repaired (*if exact date is not known, then approximate date*): _____

How has the water leak been repaired:

Proof of repairs attached (i.e., receipts, photographs, etc.): Yes No

If you indicated above that the water leak has not been repaired, please describe your intentions on whether you will or will not repair the water leak and state your reasons:

Customer Signature: _____ Date: _____

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Customer Account Number: _____

Field Operations Review:

Service Order Number: _____

Date: _____

Leak present: Yes No

Field Review Comments/Findings:

Consumption Analysis Review:

Month	Reading	Consumption	Comments: _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Recommendation for Adjustment: Gallons: _____ Dates: _____

Field Operations Signature _____ Date _____

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Customer Account Number: _____

Adjustment Calculation:

Month	Leaked Gallons	Percentage	Gallons to Adjust cost	Adjustment (\$)	Tax	Total
					Total	

Adjustment Approved Yes No

If the adjustment is not approved, the Executive Director's reasons for the disapproval and/or request for more information:

Executive Director _____ Date _____

Customer Acceptance & Acknowledgment:

By signing below, the customer accepts the above credit adjustment amount and acknowledges that the customer will not be eligible for another credit adjustment for a water leak for a period of twelve (12) months beginning as of the month the credit adjustment is posted to the customer's account:

Customer Written Name _____

Customer Signature _____ Date _____