

Summersville Water Works
PO Box 525
400 North Broad Street
Summersville, WV 26651

Phone 304-872-1211
Fax 304-872-2236

Combined Water & Sewer Billing Customer Request for Leak Adjustment

Customer Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Phone: _____

Property Owner: (if other than above) _____

Property Location: (if other than above) _____

Date Leak Discovered: _____ Date Leak Repaired: _____

ATTACH DOCUMENTATION PROVING THE LEAK WAS REPAIRED!

(Include photos, material receipts, plumber's invoices, etc.)

Please provide information about the leak. Explain in *full* detail the *type* of leak; *where* the leak occurred; *how* it was repaired and *who* made the repairs.

I, the undersigned customer, do swear that the above information is true and accurate to the best of my knowledge, and I do hereby request an adjustment to the water bill under the provision of the Summersville Water Works Leak Adjustment Policy.

Customer Signature: _____ Date: _____
(Required)

Complete this request form and return it to Summersville Water Works. You will be notified of the amount of the adjustment.

For SWW Office Use Only:

Average Historical usage _____

Calculated Adjustment: _____

Approve Supervisor signature: _____
 Deny Date: _____