

Request number: _____



REQUEST FOR LEAKAGE PAYMENT ARRANGEMENT

Customer Information

Name on Account: _____ Account number: _____

Contact phone#: _____ Address: _____

Address: _____ E-mail: _____

Leak Repair Information

Comments on request: _____

Date leak discovered: _____ Date leak repaired: _____

Description of leak: _____

Repaired by (documentation attached)

Customer: _____ Contractor: _____

PLEASE NOTE: Completion of this form does not guarantee that adjustment will be made to your bill. All adjustments are issued, based on average usage for the previous account history and are credited on your bill. Once the review is complete, you will receive a notification of the from Aqualectra. We cannot guarantee approval/disapproval on a current bill. Please return the completed application to the Aqualectra with the requested documentation

I have read, understood, and I agree to the leakage arrangement guidelines.

Signature: _____ Date submitted: _____

Property's owner signature: _____

Request number: _____



For office use only	Date received:	Receipts and /or Photos Yes _____ No _____
Amount of original bill	Billing period of leak:	Average usage:
Total leak credit amount	Approval date:	Denial date:
Approval	Approval	Approval

