



## Leak Credit Adjustment Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Account Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Service Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

---

Date Leak Was Discovered \_\_\_\_\_

Date Leak Was Repaired \_\_\_\_\_

Description of the leak and completed repairs (for more space, use the back of this form):

---

---

---

---

---

---

---

---

---

---

Please attach the receipt(s) for the repair(s).

By signing this request, I certify that I understand the terms and conditions of Easton Suburban Water Authority's Leak Credit Policy and acknowledge that I will not be eligible for any additional leak credits on this account for a period of five years.

Customer's Signature \_\_\_\_\_ Date \_\_\_\_\_