



## APPLICATON FOR WATER LEAK ADJUSTMENT

Name:			
Date:			
Service Address:			
Daytime Phone:			
Customer Account Number:			
Date you first noticed your water leak:			
Date the water leak was repaired: Where was the water leak located? (Please indicate below) Inside the buildingBetween the building and the water meter Have you ever received a previous water leak adjustment? NO /YES, approximate year Have you attached a receipt/documentation for the water leak repairs? NO/YES Please describe how your water leak was identified or provide any additional facts you think			
		might be helpful (or attach an extra page)	
		How much is your total water bill?	
		We suggest that you pay at least the amount of your "average" bill at this time, and pay the	
		current amount for any future bills until the adjustment has been processed.	
By signing this request, I certify that I understand	the terms and conditions of		
Cross Country Water Supply Corporation Leak Adj	ustment Policy.		
Customer Signature	Date		