



# Courtesy Leak Adjustment Form

In the event a customer is subject to high water consumption because of a leak enter the information below:

<b>Service Address:</b>			
<b>Account Number:</b>		<b>Phone:</b>	
<b>Name:</b>		<b>Email:</b>	
<b>Description and location of Leak:</b>			
<b>Description and Date of Repair:</b>			
Customer Signature		Date	

Please submit this form along with proof of repairs in the form of receipts or invoices, please also include before and after pictures if you have them.  
 Submission can be made via email: [Billing@lcwsa.us](mailto:Billing@lcwsa.us)  
 Mailed: P.O. Box 396, Lakeville, NY, 14480  
 Drop-off: 1997 D'Angelo Drive, Lakeville, NY, 14480

### For Office Use Only

<b>APPROVED</b>	<b>APPROVED WITH CONDITIONS</b>	<b>DENIED</b>
LCWSA Authorized Signature		Date

#### Customer / Billing Information:

Customer #		Water District	
Current Water Use to be adjusted (gallons):		Water Billing Rate	
Quarterly Average Water Use (gallons):		Sewer District	
Quarterly Average Sewer (minus allowance):		Sewer Billing Rate	
Current Water Bill \$:		Current Sewer Bill \$:	
Adjust Water Bill \$:		Adjusted Sewer Bill \$:	