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LEAK ADJUSTMENT REQUEST FORM

Customer Name on Water/Sewer Account _____

Service Address _____

Customer Contact # / E-Mail _____

PLUMBER'S STATEMENT AND/OR RECEIPTS MUST BE ATTACHED TO THIS FORM

Please give a brief description and type of leak (i.e. sprinkler leak, slab leak, etc.) For additional room, please use back side. **Running toilet does not qualify unless licensed plumber verifies leak was under toilet or in the wall.**

Date leak was repaired _____

Customer's Signature _____

***** To be considered for an adjustment, **there must be at least 6 month's usage history.**
All requests will be handled on a case-by-case basis. *****

Office Use Only:

Account # _____ Date Received _____

Adjusted _____ Denied _____ By _____ Date _____