

Hawley Water Supply Corporation Leak Adjustment Form

Account# _____

Name: _____

Date: _____

Email: _____

Phone: _____

Billing Address: _____

State/Zip: _____

Billing Month for Adjustment: _____ *Must be before the due date.*

Description of leak: Please provide receipts, photos, and a detailed description of the leak, how it occurred, where and how was it repaired.

Please note: Irrigation System Leaks or timing defaults are the sole risk of the member and are not considered a leak for this type of adjustment.

1. Only One Adjustment per every 12-Months is allowed.
2. Bill is over \$400.00 to be eligible for Adjustment.
3. No Leak Adjustments approved after the amount has become delinquent.
4. Member must be on the system for a minimum of 6-months.
5. Only a member may apply for the adjustment, renters must request owner's to apply.
6. Leak adjustments are not final and are subject to change upon review by Management.

Member Signature

Date

Manager/ Assistant Manager

Date

- Approved
- Disapproved

If Disapproved, why:
