



181 W. Harrison St. • P.O. Box 68 • Warsaw, Mo. 65355 Phone: (660) 438-5522 Fax: (660) 438-7142
www.welcometowarsaw.com

UTILITY WATER LEAK ADJUSTMENT FORM/POLICY

Section 700.025 Ord. 144§ 1, 4-7-2014

The Water Leak /Plumbing Leak Adjustment Form and documentation of repairs must be received to the City of Warsaw within sixty (60) days of the due date listed on the customer's utility bill in which the leak occurred.

Name: _____ Account #: _____
Street Address of Service: _____
Mailing Address (if different than above): _____
Phone: _____ Alternate Phone: _____
Email Address: _____

Submittal of this form is not a guarantee that credit will be applied to your utility bill. You will be notified by phone or email if the request is denied, or if additional information is needed. This request form only, and each customer will be allowed only two credits per year. Credits will be issued in accordance with the Water Leak/ Plumbing Leak policy (opposite page).

WATER LEAK INFORMATION:

***Customer must provide proof that the leak is fixed such as a receipt from a plumber, or before and after pictures, etc. If self-repaired, please provide receipts for plumbing supplies.**

Date(s) of Bill(s) containing water volumes associated with the leak: _____ to _____

LEAK REPAIR DATE: ____/____/____

Where was leak located _____

Did water go down the Sewer? Yes / No / Not sure (Circle One)

Please provide a detailed description of the problem:

As the customer for the above listed services address. I hereby apply for a billing adjustment from the City of Warsaw under the Water Leak/Pool Fill/Plumbing Leak Policy. I confirm that the above, and any attached information, documentation and or photos is true and accurate. I also acknowledge and understand that only two water leak adjustments may be applied to my Utility account in any 12 month period.

Signature: _____ Date ____/____/____

APPROVED BY _____ (Initials) DENIED
Staff Signature _____ Date ____/____/____
Notes: _____