

SUMMIT PARK PUBLIC SERVICE DISTRICT
100 COAL ST
CLARKSBURG, WV 26301-5966
304-623-5304

Robert P. Hinebaugh, Chairman
Robert W. Bush, Treasurer

Ronald L. Johnson, Secretary
Mary E. Seymour, General Manager

Leak Adjustment Request Form

Account No. _____

Service Address _____ Daytime Phone No. _____

A Summit Park PSD Policy allows for a Leak Adjustment credit because of loss of water through an "excusable defect" in the customer's water line. An excusable defect is due to a rupture or leakage caused by weather, settlement, corrosion, wear, or accident. Visible leaks in an appliance or fixture such as faucet and hose leaks are ineligible. A discount may be given for the leak gallons considered to be usage in excess of the customer average monthly usage. This adjustment is limited to a maximum of Two (2) consecutive months and must be requested within one (1) month of the repair. Customers may apply for no more than two (2) leak adjustments in any twelve (12) month period.

I, _____, am the Responsible Party for the account at the above service address.

(Give full legal name and/or business identity)

I am asking the Summit Park PSD to reduce the water bills for this account, to the extent allowed by district policy because of a leak beginning on (date) _____ and repaired on (date) _____. During this period, the following additional water appliances (washer, dishwasher, spa, etc.) were installed at the service address. State "NONE" if none were added: _____. The water lost from this leak was not used by anyone. The water used due to this leak (was or was not) _____ sewer.

IN ORDER TO PROCESS YOUR APPLICATION QUICKLY & EFFICIENTLY, PLEASE READ THE FOLLOWING CAREFULLY AND GIVE A COMPLETE AND CLEAR DESCRIPTION OF THE REPAIRS.

Type of leak on customer's side of meter: _____

Description of repair: _____

Attach documentation of the repair date, address, type of repair, and cost. Acceptable documents include plumber's statement/bill or a receipt for parts. Businesses with in-house maintenance may submit a statement signed by two (2) employees who witnessed the repair. In all cases the district retains the right to make field verifications before approving leak adjustments. You will be notified verbally or by mail generally within 90 days whether your request is approved or denied.

I am familiar with all of the facts stated in and attached to this document and they are true and correct. **Making false statements on this form is subject to refusal of adjustment and revocation of the privilege to request adjustments for a period of one (1) year.**

I certify that this application and attached documents contain no false statements.

Print Name: _____ Date: _____

Signature of person requesting a leak adjustment: _____

Complete the form and return to Summit Park PSD 100 Coal St WV 26301-5966. Please call our Customer Service representative at 304-623-5304, if you have any questions.

Office use	
Leak Adjustment request approved or denied _____	
Adjustment completed on account and customer notified _____	(Date & Sign)