

ECBC WATER AUTHORITY

LEAK ADJUSTMENT REQUEST

22844 CO. RD. 87
ROBERTSDALE, AL 36567
942-1242 - FAX 942-1459
ecbc@gulf.com

Date _____ Customer Number _____

User Name _____

Service Address _____

Phone Numbers _____ // _____

Describe Leak _____

Date Leak Detected _____ Date Leak Repaired _____

Repaired By _____ Cost of Repair \$ _____

By signing this request I attest that I detected a leak in my water distribution system and that the leak has been properly repaired. I understand that if I am granted this leak adjustment, I will not be eligible for another adjustment in the future.

Signature _____ Date _____

ECBC Use Only:

LEAK ADJUSTMENT APPROVED YES _____

Amount of Usage (Gallons) _____

Amount of Bill \$ _____

Adjustment Amount \$ _____

LEAK ADJUSTMENT DECLINED YES _____

Signature _____ Date _____