

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

Leak Adjustment over 200% of Historical Usage Request Form

Account Number: _____

Service Address: _____ Daytime Contact #: _____

According to the PSC of West Virginia and the SPPSD Tariff, a discount may be given when the bill reflects unusual consumption which can be attributed to eligible leakage on the customer's side of the meter. This rate shall be applied to all such consumption above 200% of the customer's historical usage.

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/sewer bills for this account, due to a water leak beginning on (date) _____ and repaired on (date) _____

The water used, due to this leak (was or was not) _____sewered.

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: (tell us what happened) _____

Description of repair: (How was it fixed) _____

(Write on the back of this form, if you need more room to describe the leak or the repairs)

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	
Historical usage amount _____	
Usage Amount Billed _____	
Usage over 200% _____	
Adjustment completed on account _____	(Date & Sign)
Leak Adjustment request approved or denied _____	
Reason if denied _____	
Customer Notified (yes/no date) _____	