City of Clinton

Utility Office
259 Vine Street
Clinton, IN 47842
765-832-6270

Request for Leak Adjustment

If you have any questions, please feel free to ask the utility clerks or a Board of Works member.

Name: _____ Address: _____

Account #: _____ Phone #: _____

Please provide a brief statement regarding the leak at your residence. Where was the leak? How much time passed until the leak was fixed? What date was the leak fixed? Who fixed the leak for you?

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I have read and I understand the terms of utility adjustment process.

Signature: _____ Date: _____

Meeting date and time: _____

Approved by: _____ _____
(Bob Alexander – Board of Works) (Scott Miller – Board of Works)

_____
(Jack Gilfoy – Mayor)