



MURFREESBORO WATER RESOURCES DEPARTMENT LEAK ADJUSTMENT REQUEST FORM

I or We, _____ certify that the plumbing at _____
was repaired by _____ on _____ and is now in good condition and
free from leaks.

Items repaired are as follows: _____

In my opinion, these leaks were large enough to have caused the increase in the water bill rendered to the above
address. I make oath that matters set forth above are true and correct.

Signature: _____ Date ____/____/____ Phone _____

*****THIS FORM DOES NOT RELIEVE RESPONSIBILITY OF PAYMENT. TO MAKE PAYMENT
ARRANGEMENTS VISIT OUR OFFICE AND SIGN AN EXTENSION.*****

*****ONLY ONE LEAK CAN BE ADJUSTED ON AN ACCOUNT WITHIN A 12 MONTH PERIOD. THE SUMMER
SEWER CREDIT AUTOMATICALLY DEDUCTS FOR LEAKS THAT OCCUR, FROM THE READING OF YOUR
METER IN APRIL THROUGH OCTOBER. PLEASE CONTACT OUR OFFICE TO DETERMINE ELIGIBILITY *****

DO NOT WRITE BELOW THIS LINE

Approved for adjustment by: _____ Cycle: _____
Water Resources Department Representative

Customer/ Account Number _____

Adjustment _____ Customer Name _____

Charge to _Water Leak____ Adjustment Amount _____ COMMENTS: _____

Charge to _Tax____ Adjustment Amount _____

Charge to _Sewer Leak____ Adjustment Amount _____

Charge to _Late Fee____ Adjustment Amount _____

Number of months adjusted: _____ Date Completed _____

***** PLEASE COMPLETE THE TOP PORTION OF THIS FORM AND RETURN IT TO THE BELOW ADDRESS OR FAX NUMBER. *****