



# WATER-SEWER-SANITATION DEPARTMENT

151 Elizabeth Street  
Canton, Georgia 30114

Phone: (770) 704-1502 Fax: (770) 704-6914

Wanda Floyd  
UTILITY BILLING SUPERVISOR

## Leak Adjustment Credit Request

### *Please review the information below carefully*

It is the policy of the City of Canton that only one (1) leak adjustment will be allowed in a twelve- month period. The leak must be repaired to receive the adjustment. A twelve-month history of consumption will be used as the basis for making the adjustment. Adjustments are not made for watering lawns, gardens, shrubbery, or capping off swimming pools/fountains/hot tubs. Customer must complete and submit a written request for an adjustment within (30) days of the repair of leak.

Dear Customer,

Please fill in the form below and sign. Along with this form you are required to attach a receipt showing repairs and/or a letter from the company or person(s) who made the repairs. **It is important that you send or fax this form along with your repair receipt and a copy of your bill that shows the leak consumption to Attn: Joan Gains as soon as possible to fax # 770-704-6914. If any of the above documents with the appropriate information (repair date and detail of repair made) is not received along with this form your account will not be reviewed or considered for leak adjustment credit.**

Date: \_\_\_\_\_ Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Customer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **Re: LEAK ADJUSTMENT REQUEST**

Service Address: \_\_\_\_\_

I had a leak located at (exact location of repair on property): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Repairs were made on \_\_\_\_\_

**Date of Repairs**

**weekday/daytime telephone number**

**I understand that all documents must be received before my account will be reviewed for a leak adjustment. I also understand that upon inspection by the City of Canton Water & Sewer Department, if all leakage had been corrected and my consumption has decreased, my bill may be considered for an adjustment\***

\_\_\_\_\_  
**Customer Signature**

\_\_\_\_\_  
**Date**

- Please note that any adjustment issued will be reflected on your next bill. If there are any problems with your request, you will be notified.