

Georgetown Municipal Water & Sewer Service

Non-Residential Leak Adjustment Application

Customer Name:		
Account Number:		
Phone Number:		
Service Address:		
Date of Repairs:		
Who Made the Repairs:		
Description of Repairs:		
Exact Location of Leak:		
A	Attach copy of plumber's statement or receipt of materials used.	
the structure/building.	n-visible, underground leak in the Non-Residential customer service la The customer must provide a plumber's statement and/or description After verification by GMWSS, the bill will be adjusted by the Leak A	n of repairs showing that the
excess of 3 times the a	average monthly usage of the previous 12 months to be eligible fall to ½ of the charge for excess usage over the customer's average	for a leak adjustment. The
that are a consequence o	d to one adjustment per year and twice in a five (5) year period for early deteriorating lines and/or other faulty equipment that have not been been been been do not include faucet or toilet leaks, or faucets/hoses left run	repaired are not eligible for
I have read the above i correct and that all leaks	information and verify that all statements I have made in seeking to have been repaired.	this adjustment are true and
I have reviewed and und	derstand the complete Leak Adjustment Policy available at GMWSS.co	om/Leaks.
Signature:	Date:	