

## REQUEST FOR WATER LEAK ADJUSTMENT

### Guidelines are set by Ordinance 2023-12 adopted 5/2/23:

- The Town will not provide a water adjustment unless an accidental leak causes an increase of at least \$250 over the customer's average monthly bill
- The customer must have six (6) months of consumption history excluding months during which a leak occurred to be considered for adjustment calculation
- The customer must provide evidence that the leak was repaired prior to an adjustment being made
- An adjustment may be made only for a period that does not exceed two (2) consecutive months
- Only one leak adjustment per 18-month period shall be allowed
- Adjustment request is by written application with utility billing within thirty (30) days of the repair

### Request form (attached):

#### (1) **COMPLETE** Request for Water Leak Adjustment form:

IF: Repaired by contractor (or) Repaired yourself with parts you purchased and have receipt

- Complete page 1 of Request for Water Leak Adjustment form
- Please include all receipts and documentation showing leak repair date

IF: Repaired yourself with parts on hand and do not have receipt

- Complete page 1 of Request of Water Leak Adjustment form AND
- Affidavit on page 2 of Request for Water Leak Adjustment form

#### (2) **RETURN** Request for Water Leak Adjustment form:

 In person to Utility Billing department at Fairview Town Hall OR

 Mail to: Utility Billing Dept Town of Fairview

372 Town Place

Fairview TX 75069-1826

#### (3) ADJUSTMENT

- \*\* Payment is required (excluding leak month(s)) while your account is in review
- Review may take up to <u>2 billing cycles</u> after submission of Request for Leak Adjustment

#### (4) QUESTIONS Contact Utility Billing

• Phone direct: 972-886-4242

• Email: utilitybilling@fairviewtexas.org

# REQUEST FOR WATER LEAK ADJUSTMENT

Date:	
Name:	
Address:	
Please contact me by: Phone: Email:	
Description of leak and repairs made:	
Please attach all receipts and documentation showing leak has been repaired.	
Date of repair:	
# of months requesting adjustment (check 1 box):	
1 month 2 months	
Signature:	

## Must complete this page if you repaired leak using parts on hand and do not have receipt

# **Affidavit**

A written statement of facts voluntarily made by an affiant under an oath or affirmation administered by a person authorized to do so by law.

State of Texas			
County of			
, and r affirmation on belief	, who makes this his/her sta	are me, the undersigned Notary, the windersigned Notary, the windersigned Notary, the windersident of Count of the control of the cont	nty, State of ath and
The water lea	ak I am requesting an	adjustment for was repaired by myse	lf
on	(date) using p	arts on hand.	
DATED this the	day of	, 20	
		Signature of Affiant	
Notary Public Ackno	wledgement		
State of Texas			
County of			
This instrument was	acknowledged before	me, this the day of	_, 20
		Notary Public Signature	
My commission expi	ires:		