



## REQUEST FOR WATER LEAK ADJUSTMENT

### Guidelines are set by Ordinance 2016-18 adopted 9/6/16:

- The Town will not provide a water adjustment unless an accidental leak causes an increase of at least \$100 over the customer's average monthly bill
- 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 consecutive months
- Only one leak adjustment per calendar year 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 Pl  
Fairview TX 75069-1826

#### **(3) ADJUSTMENT**

- **\*\*** No payment is required while your account is in review
- Billing must show decreased consumption before a leak adjustment can be calculated
- This may take up to 2 billing cycles after submission of *Request for Leak Adjustment*

#### **(4) QUESTIONS** Contact *Utility Billing*

- Phone direct: 972-886-4242
- Email: [utilitybilling@fairviewtexas.org](mailto:utilitybilling@fairviewtexas.org)

# REQUEST FOR WATER LEAK ADJUSTMENT

Date: \_\_\_\_\_

Account # \_\_\_\_\_

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.**

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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 \_\_\_\_\_

PERSONALLY came and appeared before me, the undersigned Notary, the within named \_\_\_\_\_, who is a resident of \_\_\_\_\_ County, State of \_\_\_\_\_, and makes this his/her statement and General Affidavit upon oath and affirmation on belief and personal knowledge that the following matters, facts and things set forth are true and correct to the best of his/her knowledge:

The water leak I am requesting an adjustment for was repaired by myself on \_\_\_\_\_ (date) using parts on hand.

DATED this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Affiant

**Notary Public Acknowledgement**

State of Texas

County of \_\_\_\_\_

This instrument was acknowledged before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

My commission expires: \_\_\_\_\_