

REQUEST FOR WATER LEAK ADJUSTMENT

Guidelines are set by Ordinance 2024-01 adopted 1/10/24:

- The Town will not provide a water adjustment unless an accidental leak causes an increase of at least <u>\$250</u> 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 <u>18-month</u> period shall be allowed
- Adjustment request is by written application with utility billing within thirty (30) days of the repair

Request form (attached):

- (1) A. COMPLETE Request for Water Leak Adjustment form:
 - IF: Repaired by contractor (or)
 - Complete page 1 of Request for Water Leak Adjustment form with description of leak. *Please include all receipts and documentation showing leak repair date*

B. COMPLETE Request *for Water Leak Adjustment* form with description of leak (page1) and Affidavit (page 2):

IF: Repaired yourself with parts you purchased and have a receipt(s)

(or)

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

(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: <u>utilitybilling@fairviewtexas.org</u>

REQUEST FOR WATER LEAK ADJUSMENT

For UB use only - Date received by Town of Fairview: _____

Date:		
Name:		
Address:		
Please co	ntact me by:	
Phone:		
•	n of leak and repairs made: ach all receipts and documentation showin	g leak
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<u> </u>		

Date of repair: _____

of months requesting adjustment (check 1 box):

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2 months

Signature:

has been repaired.

REQUEST FOR WATER LEAK ADJUSMENT

Must complete this page if you repaired leak using purchased parts or with parts on hand

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 and/or purchased parts.

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:					