

KANAWHA FALLS PUBLIC SERVICE DISTRICT
P. O. BOX 448
Gauley Bridge, WV 25085
(304) 632-1633 Office

LEAK ADJUSTMENT REQUEST FORM TO BE COMPLETED BY CUSTOMER

NAME ON ACCOUNT: _____

CUSTOMER ACCOUNT NUMBER: _____

DAY TIME PHONE NUMBER: _____

MAILING ADDRESS: _____ SERVICE ADDRESS: _____

DATE LEAK WAS DISCOVERED: _____

DATE LEAK WAS REPAIRED: _____

DESCRIBE LOCATION AND NATURE OF LEAK: _____

ADDITIONAL INFORMATION IF REQUIRED: _____

ATTACH PROOF THAT LEAK WAS REPAIRED: (Example: photos, plumber's bill, materials bill, etc.)
I do hereby certify that the above information is true and request that an adjustment
be made to my bill.

SIGNATURE OF CUSTOMER: _____ DATE: _____

EMPLOYEE SIGNATURE: _____ DATE: _____