

# LEAK ADJUSTMENT REQUEST FORM

**PLEASE NOTE:** Completion of this request does not guarantee an adjustment will be made to your bill. The account must remain current to avoid penalties. The utility billing staff will contact you once the review is complete. Please allow 5-7 business days for processing. If the leak has occurred over a period of time, the credit is be limited to **two** months. Failure to pay the actual sewer bill in anticipation of the credit could result in termination of water service.

## *Customer Information*

Date: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name on the account: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Service Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Requesting adjustment of ☐ Sewer

## *Leak Repair Information*

Date leak was discovered: \_\_\_\_\_ Repair date: \_\_\_\_\_

Location of the leak: \_\_\_\_\_

Description of repairs:

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**\*\*\*Don't forget to attach proof of repair\*\*\***

This could be a copy of plumber's bills, receipts for parts, or pictures & additional information as to why receipts were not obtained for the repair of the leak.



City of Eagle Lake, Utility Department  
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