

**Fort Bend County Municipal Utility District No. 24
Freeze Event Leak Adjustment Request Application**

Account No. _____ Service Address _____

Daytime Phone No. _____ E-Mail Address _____

Fort Bend County Municipal Utility District No. 24 (the "District") has adopted a Resolution Adopting Policy and Procedures for February 2021 Freeze Event Leak Adjustment Credits (the "Resolution") under which the District will consider permitting a credit because of loss of water due to rupture or other damage causing a leak in a customer's water line(s) due to the winter storm and freeze event of February 2021 (the "Freeze Event"). Credit may be given for water usage and sewer usage in excess of the customer's average usage, as determined by the District pursuant to the Resolution (the "Freeze Event Leak Adjustment Credit"). The Freeze Event Leak Adjustment Credit is limited to the billing cycle(s) containing the days included in the Freeze Event (the "Applicable Billing Cycle(s)") and must be requested by May 1, 2021. **Customers may apply for no more than one (1) Freeze Event Leak Adjustment Credit per account.**

I, _____ (Give full legal name and/or business identity), am the responsible party for the account at the above service address. I am asking the District to reduce the water and sewer bills for this account, to the extent allowed by the District's policy as set forth in the Resolution because of a leak beginning on (date) _____ and repaired on (date) _____ due to the Freeze Event. The water lost from this leak was not used by anyone. During this period, the following pool and/or spa were installed at the service address (State "NONE" if none were added):
_____.

IN ORDER TO PROCESS YOUR APPLICATION QUICKLY AND EFFICIENTLY, PLEASE READ THE FOLLOWING CAREFULLY AND GIVE A CLEAR DESCRIPTION OF THE REPAIRS.

Type of leak on customer's side of the meter:
_____.

Description of repair:

_____.

Attach the bill or bills (or include account and billing period information) for which an adjustment is being sought and documentation of the repair. Acceptable documents include the plumber's statement or bill or a receipt for parts and statement of self-repair. Businesses with in-house maintenance may submit a statement signed by an employee who witnessed the repair. In all cases, the District retains the right to make field verifications before approving a Freeze Leak Adjustment Credit. You will be notified by mail or e-mail (if provided) generally within 90 days whether your request is approved or denied.

I am familiar with all of the facts stated in this application and affirm that they are true and correct. I certify that this application and attached documents contain no false statements.

Print Name: _____ Date: _____

Signature of person requesting a leak adjustment: _____

Complete the form and return to: info@mdswater.com