



MUNICIPAL  
DISTRICT  
SERVICES

# Leak Adjustment Request Form

If you have experienced an increased water bill resulting from a plumbing leak, and you would like to request a bill credit, please complete the following form.

Documentation to support the presence of a leak and its repair are required for consideration.

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*Completing and submitting this form does not guarantee an adjustment to your water bill. The Board of Directors for your Utility District will determine if an adjustment will be made.*

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**Account No.** \_\_\_\_\_ **Service Address** \_\_\_\_\_

**Daytime Phone No.** \_\_\_\_\_ **E-Mail Address** \_\_\_\_\_

**District (if known)** \_\_\_\_\_

**Please provide a description of your leak, including date the leak was discovered:**

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**Please provide a summary of the repairs, including the date of leak repair:**

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**Submit this form along with pictures of the leak and receipts showing repair costs.**

By submitting this form, I acknowledge that:

- 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.
- Submitting this form is not a guarantee that a bill credit will be granted.
- While my request is being processed, I am responsible for the entire amount due on my utility bill and that failure to pay may subject me to applicable penalties and possible termination of service.

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of person requesting a leak adjustment:** \_\_\_\_\_

Complete the form and return to [info@mdswater.com](mailto:info@mdswater.com) or mail to the address listed below.