

MILTON MUNICIPAL UTILITIES COMMISSION
1139 SMITH STREET MILTON, WV 25541
PHONE# (304) 743-3422 FAX#: (304) 743-1872
REQUEST FORM FOR LEAK ADJUSTMENT

*PLEASE COMPLETE FORM IN FULL, SIGN, DATE AT BOTTOM

CUSTOMER NAME: _____

ACCOUNT #: _____

SERVICE ADDRESS: _____

PHONE #: _____

AMOUNT OF BILL IN QUESTION: \$ _____

REQUESTED REPAIR INFORMATION

*To better serve you with an adjustment request, please explain in detail as much information possible to the following questions:

WHERE LEAK OCCURRED: _____

HOW LEAK WAS REPAIRED: _____

DATE LEAK WAS REPAIRED: _____

REPAIRS DONE BY: _____

ADDITIONAL COMMENTS: _____

**** COPIES OF ANY RECEIPTS TO FIX THE LEAK ARE REQUIRED****
RECEIPTS ATTACHED? YES NO

I, THE UNDERSIGNED, SWEAR THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, AND I BELIEVE THAT I AM ENTITLED TO AN ADJUSTMENT IN THE ABOVE MENTION BILL BASED ON THE MILTON MUNICIPAL UTILITIES LEAK ADJUSTMENT POLICY AND THE WEST VIRGINIA PUBLIC SERVICE COMMISSION RULES.

SIGNATURE OF CUSTOMER

DATE