

MILTON MUNICIPAL UTILITIES COMMISSION

1139 SMITH STREET

MILTON, WV 25541

PHONE #: (304) 743-3422 FAX #: (304) 743-1872

REQUEST FOR LEAK ADJUSTMENT

To be completed and signed by customer and returned to MMUC

Customer Name: _____

Account Number: _____ Phone Number: _____

Service Address: _____

Date Leak Discovered: _____ Date Repaired: _____

Due Date of Bill in Question: _____ Amount of Bill in Question: _____

ATTACH DOCUMENTATION PROVING LEAK WAS REPAIRED!

(Example: photos, plumber's invoices, receipt for materials, etc.)

In order to better serve you with your adjustment request, we need as much information about the leak as possible. Explain in full detail the *type* of leak, *where* the leak occurred, *how* it was repaired, and *who* made the repairs.

I, the undersigned, swear that the above information is true and accurate to the best of my knowledge, and I do hereby request an adjustment to the above-mentioned Bill(s) under the provisions of the Milton Municipal Utilities Leak Adjustment Policy and the West Virginia Public Service Commission rules.

Signed: _____ Date: _____

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FOR UTILITY USE ONLY

Date of Last Leak Adjustment: _____ Water/Sewer/Both: _____

Avg. Consumption: _____ Avg. Bill: _____ History: _____

Received By: _____ Date: _____

APPROVED/DENIED: _____