

The Town of Spring Lake

Water Department

300 Ruth Street

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LEAK ADJUSTMENT REQUEST FORM

In the event that a Town of Spring Lake customer has a water leak and the customer requests an adjustment to their water bill, the Water department may grant a courtesy credit adjustment to their account. This adjustment will be granted when a major leak (**2 times normal consumption**) has occurred on the customer's service line which requires repairs and has caused significant excessive increase in consumption. Before the water department will consider granting an adjustment:

- *The customer shall provide a completed Leak Adjustment Form and documentation, in the form of receipts or a completed No Receipt Available Form, showing that the leak has been repaired. No adjustment will be granted if the customer fails to provide the required forms or documentation.*
- *The customer's adjustment will be based on an average of the previous six (6) months of water service. If the customer has had water service for less than six (6) months, the average will be taken on the months available.*
- *Only **one (1) leak** adjustment will be allowed within a one-year period. For example: if you received an adjustment on 1/1/2015, you are not eligible for another adjustment until 1/1/2016.*
- *Adjustments must be submitted before the 15th and requested within 60 days of the date of the water bill suspected of indicating a water leak, or within 60 days of when Town of Spring Lake Water Department notified you of the suspected problem, whichever came first.*

Please complete, sign and return this form to the water department along with copies of work orders, repair bills and/or receipts that confirm the repair work that was done. **It is still the customer's responsibility to have their bill paid by the due date.** If approved, the credit will appear on your billing statement. Please allow two billing cycles for an approved adjustment to appear on your bill. The possibility of a credit adjustment will not prevent collection action on past due balances. A review of your documentation will determine if a credit can be granted. If your request is denied, you will be notified in writing.

Customer Name: _____
(PLEASE PRINT)

Service Address: _____

Phone No.: _____ Account Number: _____

Date Leak Fixed: _____ Billing Month(s) Affected: _____

By signing this request, I certify that I understand the terms and conditions of the Town of Spring Lake Water Department Leak Adjustment Policy.

Customer Signature: _____ Date: _____