



ST JOHN THE BAPTIST PARISH

UTILITIES DEPARTMENT

WATER BILL LEAK ADJUSTMENT

CUSTOMER ID: _____

CUSTOMER NAME: _____

CUSTOMER ADDRESS: _____

TELEPHONE NUMBER: _____

I hereby declare that the above service is in my name or that I am the authorized agent for the service and that a high consumption resulted from a water leak.

The Leak was repaired on: _____

Location of Leak: _____

Examples: Toilet, Faucet, Outside in yard.

Repaired By: _____

I am requesting an adjustment of this bill according to the Utilities Department Policy.

Copy of receipt of materials purchased or plumber's receipt required to receive adjustment.

Print Name _____

Signature _____ Date _____