

SUN VALLEY PUBLIC SERVICE DISTRICT

POST OFFICE BOX 95

18 SABLE CIRCLE

REYNOLDSVILLE, WV 26422-0095

304-623-9609

E-Mail: sunvalleypsd@sunvalleypsd.com

Website: sunvalleypsd.com

Richard Dale, Chairman
Connor Thompson, Treasurer

Sandra Patterson, Secretary
Kevin Short, General Manager

LEAK ADJUSTMENT REQUEST FORM
TO BE COMPLETED BY CUSTOMER

Name on Account: _____

Account Number: _____ Daytime Phone No: _____

Mailing Address: _____ Service Address: _____

Date Leak Was Discovered: _____ Date Leak Was Repaired: _____

Detailed Description of Leak Location: _____

(Customer Signature)

(Date)

ATTACH PROOF THAT LEAK WAS REPAIRED!!

EXAMPLES: Photos, plumber's bills/receipts, material receipts, etc.

(You can e-mail photos of above and completed form to sunvalleypsd@sunvalleypsd.com)

ALL THE ABOVE MUST BE COMPLETED AND RETURNED TO SUN VALLEY PSD WITH PROPER DOCUMENTATION OF LEAK REPAIR WITHIN ONE (MONTH) OF LEAK DISCOVERY &/OR REPAIR. FAILURE TO COMPLY MAY DISQUALIFY THE CUSTOMER FROM ANY LEAK ADJUSTMENT. FOR MORE INFORMATION ON WHAT QUALIFIES AS A LEAK AND HOW AN ADJUSTMENT IS CALCULATED, PLEASE SEE OUR LEAK ADJUSTMENT POLICY.

FOR OFFICE USE ONLY

200% Average Usage: _____ gallons. Usage with leak: _____ gallons. Date of last leak adjustment: _____.

- | | | |
|------------------------------------------------------------------------|-----|----|
| 1) Is usage with leak at least twice (200%) historical average usage? | YES | NO |
| 2) Is the leak source eligible for adjustment | YES | NO |
| 3) Was request received on time? (one (1) month from discovery/repair) | YES | NO |
| 4) Was adequate proof provided? | YES | NO |

Questions 1 – 4 must be answered YES to qualify.

Does Customer Qualify YES NO

If Yes then; Original Bill \$ _____
Adjusted Bill \$ _____
Adjusted Amount \$ _____

Employee: _____

Date: _____