

Water Leak Mitigation Request

*In order for the Water Leak Mitigation Request to be considered,
the past due amount on the account (prior to the leak) must be paid in full.*

Requested by: _____	Account: _____
Address: _____	
Phone No: _____	Work No: _____
Email: _____	

<u><i>Description of Request</i></u>	
Statement of Requestor: _____	Water Leak Timeframe: _____
Amount Billed: _____	Amount Due to Leak: _____
Number of People Living at Address: _____	Date of Leak Repair: _____
Description of Leak and Location: _____	
(Please use additional sheets if more space is required.)	

Signature

Date

Office Use Only

Finance Department Staff:

Date Received: _____ Received by: _____

(Please Date Stamp Here)

Utility Clerk Statement: Date: _____ Name: _____

Historical Information: _____

Current Balance Due: \$ _____ Past Due Amount: \$ _____ Agreement? _____

If agreement(s) exist, please give details: _____

Recommendation: _____

Public Works Statement: Date: _____ Name: _____

Historical Information: _____

Final Determination / Action

Brief Description of Determination: _____		
Action to Be Taken: _____		
APPROVED BY: _____		
Signature	Title	Date

Finance Department / Utility Billing Clerk:	
Input By: _____	Date Action Taken: _____

NOTIFICATION OF DETERMINATION	
Date of Notification: _____	Notification: [] Mail [] Fax [] In Person [] Other _____
_____ Signature/Title	