



Leak Adjustment Request

Completion of this form does not guarantee an adjustment will be made.

The request will be evaluated and a determination will be made within 10-15 business days.

Email the completed form to Customerservice@cityofconway.com

Today's Date

Account Number

Customer Name

Service Address

Email Address

Phone Number

Repair Date

Description of Leak/Repair

(attach receipts)

For Office Use Only

Avg Usage

Current Usage

Leak Adj Calculation

Determination (Attach additional paperwork if needed)

Utility Billing Dept _____/____/____

Initial & Date

Approved by _____/____/____

Initial & Date