



# 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](mailto:Customerservice@cityofconway.com)*

**Today's Date**

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**Account Number**

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**Customer Name**

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**Service Address**

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**Email Address**

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**Phone Number**

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**Repair Date**

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**Description of Leak/Repair**

(attach receipts)

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*For Office Use Only*

**Avg Usage**

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**Current Usage**

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Leak Adj Calculation

Determination (Attach additional paperwork if needed)

Utility Billing Dept \_\_\_\_\_/\_\_\_\_/\_\_\_\_

Initial & Date

Approved by \_\_\_\_\_/\_\_\_\_/\_\_\_\_

Initial & Date