

**First Craven Sanitary District
Application for Leak Adjustment**

First Craven Sanitary District customers may request assistance with a high water bill resulting from leaks and/or busted pipes (*No swimming pool or irrigation adjustments are given*). To be eligible for an adjustment, the following must be true.

1. The request must be within 30 days from the date of the bill.
2. No other adjustments have been granted within the last 12 months.
3. The bill to be adjusted must be at least double the average normal use.
4. All needed actions have been taken to prevent further loss of water.

NAME: _____ DATE: _____

SERVICE ADDRESS _____

PHONE NUMBER _____ ACCOUNT NUMBER _____

DATE YOU FIRST NOTICED LEAK _____

DATE THE LEAK WAS REPAIRED _____

DESCRIBE LOCATION OF BUSTED PIPE OR LEAK

DESCRIBE REPAIRS PERFORMED OR ANY ACTION TAKEN TO PREVENT FURTHER LOSS OF WATER (Please attach copy of a receipt for the cost of repairs if available)

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT MAY BE HELPFULL

You will be notified within 14 days of the status of this application and if any further action or information is needed. If the adjustment is granted, please be aware that you waive your right to any future leak adjustments for this account for a period of 12 months. The adjustment is a credit for one-half the leaked amount. Your signature confirms the above information as being true to the best of your knowledge.

CUSTOMER SIGNATURE _____