

PUTNAM PUBLIC SERVICE DISTRICT

PO Box 860
Scott Depot, WV 25560-0860
Phone: 304-757-6551
Fax: 304-757-6558

Leak Adjustment Form

To be completed and signed by Customer & returned to PPSD

Customer Name: _____

Mailing Address: _____

City & State: _____ Zip Code: _____

Account Number: _____ Phone Number: _____

Property Address: (if different from mailing) _____

Date Leak Discovered: _____ Date Repaired: _____

Due Date of Bill(s) in Question: _____

Amount of Bill(s) in Question: _____

*****Please provide a copy of the Bill(s) in question.*****

Did Leak Drain Into the Public Sewer? YES NO

ATTACH DOCUMENTATION PROVING LEAK WAS REPAIRED!

(Example: photos, plumber's invoice, receipt for materials, etc.)

In order to better serve you with your adjustment request, we need as much information about the leak as you can provide. Explain in *full* detail the *type* of leak; *where* the leak occurred; *how* it was repaired and *who* made the repairs.

I, the undersigned, swear that the above information is true and accurate to the best of my knowledge, and I do hereby request an adjustment to the above mentioned Bill(s) under the provisions of the Putnam Public Service District Leak Adjustment Policy.

Signed: _____ Date: _____

(Signature required)

FOR UTILITY USE ONLY

Date of last leak adjustment: _____

Average Historical Usage: _____ gallons

1) Was leak & repair within past three (3) months? Yes No

2) Is this an eligible leak, with adequate documentation? Yes No

Staff: _____

Date: _____