

PUTNAM PUBLIC SERVICE DISTRICT

PO BOX 860 ~ Scott Depot, WV 25560-0860

304-757-6551~Fax:304-757-6558

CUSTOMER REQUEST FORM FOR LEAK ADJUSTMENT

Complete the following form in full and sign at the bottom.

Customer Name
Address
City
Account Number
Daytime Phone Number
Due date of bill in question
Amount of bill in question \$
Adjustment Information
In order to better serve you with your adjustment request, we need as much information about your leak as you can provide. Please explain in full detail, the type of leak that you had, how it was repaired, and when it was repaired. We will also need a copy of your bill and copies of any receipts where you had the leak repaired.
Where leak occurred:
How leak was repaired:
Date repaired:
Repairs done by:
Did leak drain into the public sewer: YES NO
Additional Comments:

I, the undersigned, swear that the above information is true and accurate to the best of my knowledge, and I believe that I am entitled to an adjustment in the above mentioned bill based on the rules and regulations of the West Virginia Public Service Commission.

Signature of Customer

Date