

Putnam Public Service District

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LEAK ADJUSTMENT FORM

Customer Name: _____

Mailing Address: _____

Account Number: _____ Phone Number: _____

Property Address: (if different from mailing) _____

Date Leak Discovered: _____ Date Repaired: _____

Due Date & amounts of Bill(s) in Question: _____
*****Please provide a copy of the Bill(s) in question*****

Did Leak Drain into the Public Sewer? YES NO

This form should be completed, signed & returned via email, fax, drop box, in office, or USPS. Please allow 45-60 days for processing. Note: We cannot adjust for usage until we have billed it.

PLEASE PROVIDE A DETAILED DESCRIPTION OF THE LEAK AND HOW IT WAS REPAIRED. ATTACH DOCUMENTATION PROVING LEAK WAS REPAIRED (IF AVAILABLE).

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

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)

..... This institution is an equal opportunity provider.

FOR UTILITY USE ONLY

Date of last leak adjustment: _____

Average Historical Usage: _____ gallons

- 1) Was leak & repair within past (3) months? YES NO
2) Is this an eligible leak, with adequate documentation? YES NO

Staff: _____ Date: _____