

**SILVER CREEK WATER CORPORATION
CERTIFICATION OF LEAK**

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1. Name of Member _____
2. Address of Member _____
3. Phone Number _____
4. Date Leak Discovered or Date You Became Aware of Leak: _____
5. Date You Notified Utility of Leak: _____
6. Location of Leak on your property: _____
7. Date Leak Repaired: _____
8. Name & Address of Person/Company that Repaired Leak: _____

NOTE: Attach certification by repairer of location of leak.

9. That I/We have not had a leak adjustment within the past twelve (12) months.
10. That I/We promptly had the leak repaired.

I affirm under the penalties of perjury that the above and foregoing is true and correct.

Dated: _____

Member

Member

SCW OFFICE USE ONLY

Date Received _____ **By** _____ **Customer Acct No** _____

Approved ___ **Denied (See Attached)** ___ **Mgr** _____ **Date** _____

Average Usage _____ **Month(s) to Adjust** _____, _____