

**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 Signature

Member Signature

SCW OFFICE USE ONLY	
Date Received _____	By _____ Customer Acct No _____
Date of Last Leak Adjustment _____	N/A
Approved ___ Denied (See Attached) ___	Mgr _____ Date _____
Average Usage _____	Month(s) to Adjust _____, _____