

# SILVER CREEK WATER CORPORATION

## LEAK ADJUSTMENT FORM



### PLEASE ATTACH THE FOLLOWING TO FORM

- Copy of Repair Receipt with detail of leak location and/or parts receipts, and
- Copy of Picture ID

### Member & Leak Information (Your name MUST be on the water bill to complete form)

1. Name of Member \_\_\_\_\_
2. Address of Member \_\_\_\_\_
3. Phone Number \_\_\_\_\_
4. Location of Leak \_\_\_\_\_
5. Date you became aware of leak \_\_\_\_\_
6. Date Leak Repaired \_\_\_\_\_
7. Name of Person/Company that Repaired Leak \_\_\_\_\_

By signing below, you AFFIRM under the penalties of perjury that the above, foregoing and attachments are true and correct and that YOU....

- Have been a SCWC member at this location for at least 13 months, and
- Have not had a leak adjustment within the past (12) months.

\_\_\_\_\_  
Member Signature(s)

\_\_\_\_\_  
Date

### SCWC OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_ BY \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

DATE OF LAST LEAK ADJUSTMENT \_\_\_\_\_ N/A

APPROVED \_\_\_\_\_ DENIED(SEE ATTACHED) \_\_\_\_\_ MGR \_\_\_\_\_ DATE \_\_\_\_\_