



LEAK ADJUSTMENT REQUEST FORM

SUBMISSION DEADLINE: This form must be submitted within sixty (60) days of the date the leak was repaired or discovered, whichever is later.

Submit completed form and supporting documentation to:

Town of Dillsboro
13030 Executive Drive
Dillsboro, IN., 47018
812-432-3243

CUSTOMER INFORMATION

Customer Name	Phone Number	E-Mail
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Service Address	City, State	Zip
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Mailing Address (if different)	City, State	Zip
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Account Number

LEAK INFORMATION

Brief Description of Leak (including location of leak):

Approximate Date Leak was Discovered:	Date Leak was Repaired:
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REPAIR INFORMATION

Who Repaired the Leak?

Name	Phone Number	E-Mail
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Company Name (if applicable)	Phone Number	License Number (if applicable)
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(FLIP OVER TO BACK SIDE)



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SUPPORTING DOCUMENTATION

Please submit the following with this form:

- ☐ Copy of repair invoice(s)
- ☐ Plumber's statement, contractor statement or written statement of customer describing leak location and nature of repair
- ☐ Photographs of leak location and/or repair (if available)
- ☐ Other supporting documentation: _____

CUSTOMER CERTIFICATION

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that an employee of the Town of Dillsboro will visit my property to confirm that the leak has been repaired and that the nature of the leak is as represented in this application. I agree to cooperate with the Town in permitting this inspection and I understand that failure to cooperate in permitting the inspection may result in denial of the requested adjustment. I understand that false statements may result in denial of this request and may affect future requests for adjustments. I further understand that submission of this form does not guarantee approval of the requested adjustment.

Customer Signature: _____ Date: _____

-----FOR OFFICE USE ONLY -----

Received by _____ Date Received _____
Documentation Complete: ☐ Yes ☐ No If No, describe missing items: _____

Leak Qualifies for Adjustment: ☐ Yes ☐ No If No, reason for denial: _____

Adjustment Amount Approved: \$ _____
(Note: Adjustment amount will be calculated by utility staff based on submitted documentation and the requirements of § 51.02 (D) (6) of the Dillsboro Code of Ordinances)

Billing Period(s) Adjusted: _____

Approved By: _____ Title: _____ Date: _____

Notes: _____