

Leak Adjustment Request Form

| Name on Account: | |
|----------------------------|---|
| Account #: | Phone Number: |
| Service Address: | |
| Date Leak was Noticed: _ | Date Leak was Repaired: |
| Who Repaired the Leak? | |
| Location of Leak: | |
| Did water from the leak | o down a sewer drain? : |
| Description of Repair: | |
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| | wer bill be adjusted. I understand that while consideration of this |
| | sponsible to make payments on the account in accordance with the |
| Rules and Regulations of t | ne Public Service Commission of West Virginia. |
| Signed: | Date: |
| | and returned to Town hall during business hours or can be dropped |
| off in the Drop Box locate | |
| | |

The Water Department will make a leak adjustment only when the water usage being adjusted is in excess of 200% of the customer's historical usage as defined in Water Rule 6.4.3.b that can be attributed to leakage on the customer's side of the point of service. The leak adjustment will be computed pursuant to applicable rules of the Public Service Commission and the leak adjustment rate (incremental cost of water) specified in the Company's current tariff

In the event of a second leak in the customer's service pipe, the customer should consider replacing the entire service pipe. Repeated leak adjustments or abuse of this policy may result in a denial of leak adjustments or discontinuation of service under Water Rule 7.3.8.