CITY OF TEXAS CITY

REQUEST FOR WATER LOSS ADJUSTMENT

Customer Name: _____________________________________   Phone:  __________________________

Address where loss occurred:  _____________________________________________________________

Account Number:  ____________________________          Billing Period:  From __________ To __________

Check all that apply:

☐ Known Leak Adjustment (Go to part I)
☐ Unknown Usage Adjustment  (Go to part II)
☐ Additional water appliances have been placed into use as of ____________.  Describe appliance(s):

Part I: I, __________________________, reside at the above address and have sustained a water loss at the same address that has been repaired. I am requesting a reduction in the amount of the water bill from the City for the period stated above. I am enclosing a copy of the repair bill and/or a materials receipt. I agree to keep monthly water, sewer and garbage bills current until leak adjustment is approved. I understand that signing this form does not guarantee that a billing adjustment will be made. I further understand that failure to provide receipts will result in an automatic denial of this water loss adjustment request.

Approximate date water loss noticed:  _______________ Date water loss repaired: _______________

Leak repaired by: _________________________________________________________________

Description of repair: ___________________________________________________________________

Part II: I, ___________________________, reside at the above address and have sustained a water loss at the same address that I cannot account for. There has been no need for plumbing repairs, nor have any plumbing repairs been made, nor has there been any unusual or substantial increase in the actual use of water during the period stated above. I am requesting a reduction in the amount of the water bill from the City for the period stated above. I agree to keep monthly water, sewer and garbage bills current until leak adjustment is approved. I understand that signing this form does not guarantee that a billing adjustment will be made.

______________________________________     ___________________
Signature of Customer                                                         Date

☐ Approved
☐ Denied  (Reason for denial) _________________________________________________

___________________________________          ________________
Signature of Supervisor                                                    Date