

# LEAK ADJUSTMENT FORM

City of Ashland  
109 E Broadway  
Ashland, MO 65010

Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Current Sewer Charges: \$ \_\_\_\_\_

Previous Month Charges: \$ \_\_\_\_\_

Previous Month 2 Charges: \$ \_\_\_\_\_

Previous Month 3 Charges: \$ \_\_\_\_\_

Total Monthly Charges: \$ \_\_\_\_\_

**Average Monthly Sewer:** \$ \_\_\_\_\_

**TOTAL LEAK ADJUSTMENT:** \$ \_\_\_\_\_

\_\_\_\_\_  
CITY ADMINISTRATOR

\_\_\_\_\_  
DATE

# REQUEST FOR LEAK ADJUSTMENT

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109 E Broadway  
Ashland, MO 65010

**Leak Adjustment Policy:** One leak adjustment will be permitted per calendar year. The adjustment request must be submitted in writing to the City prior to the bill due date along with a paid invoice or supporting documentation of leak repair. The adjustment will only apply to one month's bill. Adjustment will be based on the average of the previous three (3) months charges. In the event an adjustment is granted, the balance may be paid in full or in equal payment installments not to exceed a three (3) month period.

**In order for an adjustment to be considered, the customer's billed sewer charges must be a minimum of \$100 over the average of the three months' prior bills for the account.**

## Description for Request:

Repairs Made By: \_\_\_\_\_

**Please Attach Proper Documentation With Request For Leak Adjustment Form.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date