

Application for Leak Adjustment

Please print clearly. Applications with missing or incomplete information will be rejected.

Applicant Information

Applicant Name

Account Number

Service Address

City/State/ZIP

Mailing Address (if different from above)

City/State/ZIP

Day Time Phone Number

Email

I am the: Property Owner Tenant Other (please specify) _____

Type of Leak: Inside Leak Outside Leak Unexplained High Usage Other

Date Leak Repaired: _____ (Copy of repair receipt is required.)

Repairs Made By: _____

Description of leak and repair:

Application Agreement: I acknowledge that I am allowed one courtesy leak adjustment every three (3) years for an inside plumbing leak and /or the water portion of an outside leak. I furthermore, acknowledge that I am allowed one courtesy adjustment every five (5) years for a leak in a sprinkler system or pool or an unexplained high consumption.

Applicant Signature

Date

Submission Instructions: Forms can be submitted by email, fax, or U.S. Mail.

Email: Send completed applications as an attachment to utilcustservice@staffordcountyva.gov

Fax: Send to (540) 658-4082

Mail: Stafford County Department of Utilities, PO Box 339, Stafford, Virginia 22555