



LEAK ADJUSTMENT REQUEST

Return to:
Utility Billing
City of Lobelville
P.O. Box 369
Lobelville, Tn 37097
P: 931-593-2285/F: 931-593-2279

Customer Name: _____

Address: _____

Utility Account: _____

The leak occurred on or about: _____

Details about how it was discovered and when it was fixed:

ATTACH RECEIPT FOR PLUMBER OR PARTS/EQUIPMENT USED FOR REPAIR

I hereby notify the City of Lobelville that I have sustained a water leak at the above address and that it has been repaired. I am enclosing a copy of the repair bill and/or materials receipt. I am requesting an adjustment to my utility billing per City Policy. I understand that signing this form does not guarantee a billing adjustment will be made, and I also understand that by signing this form I am attesting that all of the information contained herein is accurate and complete to the best of my knowledge. I further understand that intentionally reporting false information on this form may subject me to criminal prosecution.

Daytime Phone#: _____

Signature: _____

Date: _____