



CITY OF AUBURN
Department of Public Utilities
Customer Service Department
(770) 963-4002 Ext 200

WATER ADJUSTMENT REQUEST FORM

As a courtesy to our customers, the City of Auburn, Department of Public Utilities will review a customer's request for a lost water adjustment **ONCE IN A TWELVE-MONTH PERIOD.**

1. **Leak must be repaired within 5 business days.**
2. **Repair bills must be attached to this request.**
3. **Lost water must exceed normal monthly usage by 5,000 gallons**
4. **Customer is responsible to maintain full payment of balance due until request is granted or denial of request is made.**
5. **Any payments not paid by the due date will subject the account to a late penalty and/or termination of service.**

To request a water adjustment on your account, please complete the following:

Account #: _____ Meter #: _____

Name: _____ Daytime Phone #: _____

Location Address: _____

Date of Leak Discovered: _____

Location of Leak (Check one, PLEASE) House _____ Yard _____ Other _____

(Other, please describe) _____

Repair Date _____

If you are unable to identify specific causes for high usage, please provide as much information as possible about the water loss. Use back of this form if necessary.

Meter reading after repair: _____

NOTE: COMPLETION OF THIS FORM DOES NOT GUARANTEE A WATER ADJUSTMENT WILL BE GIVEN. COMMERCIAL AND IRRIGATION ACCOUNTS/IRRIGATION SYSTEMS DO NOT QUALIFY FOR ADJUSTMENTS..

Please return this completed form with required attachments to:



City of Auburn
1 Auburn Way
Auburn, GA 30011

Granted

Declined

Sunshine Palmer, City Accountant

Date