



CALVERT CITY MUNICIPAL WATER & SEWER

SEWER ADJUSTMENT APPLICATION

Name: _____

Phone Number: _____ Account Number: _____

Service Address: _____

Please explain what caused the leak and describe how the leak was repaired.

You are allowed two sewer adjustments in a 12-month period. If your leak is within two billing cycles would you like both bills adjusted? YES NO

Proof of repair is required and must be submitted with this form. (i.e. plumber itemized invoice, repair parts itemized receipt, photos or other documentation supporting any repairs). Supporting documents included:

Photos Invoice Receipts Letter of Explanation

Has a leak adjustment been made for this service address on any previous occasion?
NO YES (when?) _____

Approximate date the recent leak occurred: _____

Where was the leak located?
Inside Between House and Meter Other: _____

Did any of the water enter the sanitary sewer? NO YES

When was the leak repaired? (Date of Repair) _____

Signature: _____ Date: _____

Water Sewer General Manager: _____