



LEAK ADJUSTMENT REQUEST

Date: _____

Account Name: _____ Account Number: _____

Service Address: _____

Email: _____ Phone: _____

Date of Repair: _____

Describe Repairs Made

By signing the form, the account holder agrees to the following conditions:

- Adjustments will be processed after reflected evidence of repair, noted by reduced consumption of the following billing period.
- The customer will be required to pay an amount equal to the most recent undisputed billed amount by the due date, pending the adjustment calculation.
- Adjustment calculation will be considered based on the average consumption for the same period from the prior two (2) years, or previous three (3) months if historical data does not exist.
- Billed amount more than the average of 150% or more will be adjusted to a reduced rate of 50% of the lowest tier in the applicable fee schedule.
- One Adjustment/abatement will be granted in a 6-month period.
- Adjustments under \$25.00 will not be approved.
- If applicable, please attach invoices/receipts for repairs.
- Adjustments are not a complete forgiveness of the charges due to the leak; the customer may be responsible for an amount due after the adjustment has been approved and processed.
- If an email address is provided, account holder will be notified via email when the adjustment has been completed.
 - To ensure delivery, please add ubo@cibolotx.gov to safe senders list.

Signature: _____

★ Office Use Only ★

Account Number: _____ - _____ - _____

Approved Denied

Adjustment Amount: \$ _____

Signature: _____

Comments: _____

