



**City of Fairborn**  
**Utility Billing Division**  
44 W. Hebble Avenue  
Fairborn, OH 45324  
Phone: 937.754.3007  
Fax: 937.754.3107

---

**APPLICATION FOR UTILITY BILL ADJUSTMENT  
FROM AN UNDETECTABLE LEAK (Please print)**

A Leak Adjustment will only be considered for undetectable leaks. Complete this form and return with all necessary attachments to the Utility Billing Office, 44 W. Hebble Ave., Fairborn, OH 45324.

**Name:**

**Account No.:**

**Address:**

**Phone No.:**

**Number of Occupants:**

**Current Reading:**

**Date Read:**

**Location of Leak:**

**Describe Problem:** Tell us what happened, how you discovered the problem and when you discovered the problem. If additional space is needed, attach another sheet.

**Corrective Action:** List what you did to repair the problem. Attach copies of bills for plumbing repairs and/or parts.

In accordance with City of Fairborn Administrative policy, I hereby make application for an adjustment on my utility bill. In making this request, I certify that I have read and understand the conditions of the City of Fairborn Administrative policy. I further understand that I am still required to make monthly payments in an amount determined by the Utility Billing Office while this application is pending.

---

Signature

---

Date