

**SMYTH COUNTY WATER LEAK REPORT FORM**

Date: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date Leak was Discovered: \_\_\_\_\_ Date Leak was Repaired: \_\_\_\_\_

**To expedite the processing of your Water Leak Report, please complete the following:**

Description of leak, location of leak and completed repairs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the above information is true and complete. I understand and acknowledge that I am responsible for prompt payment of all water and sewer services billed by the Smyth County Water & Sewer Department. I further understand that submission of this leak report is a request for consideration for a leak credit under Smyth County Water & Sewer Departments Policy and does not relieve me of responsibility for payment for water and sewer charges.

\_\_\_\_\_

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE**