



CERTIFICATION FOR WATER LEAK ADJUSTMENT

Requests must be submitted within two (2) months of the bill date for which the adjustment is requested.

Resident's Name: _____

Utility Acct Number: _____ Contact Number: _____

Service Address of Repair: _____

Description of Leak (please specify date leak began and ended): _____

Leak location on Property: _____ Date leak repaired: _____

*Who was leak repaired by? (Company Name): _____

****NOTE: A COPY OF EITHER A DETAILED INVOICE/RECEIPT FOR REPAIR OR RECEIPT FOR PARTS**
MUST BE ATTACHED TO THIS FORM**

Certification:

I certify this request for a leak adjustment to the Town of Flower Mound Utility Billing is true and factual. I understand granting of a leak adjustment will be in compliance with the Ordinances and Polices of the Town of Flower Mound and that the Town shall make no more than one (1) adjustment to the same account in a twenty-four (24) month period. I understand that request that meet requirements for adjustment will be reviewed by Town personnel to determine if the leak could have been prevented by reasonable maintenance of property. The adjustment may be prorated or denied if it is determined that the leak could have been prevented or was not corrected in a timely manner. I understand that the account must be kept current during the processing of this request to avoid penalties and/or disruption of service. I further understand should a leak adjustment be approved, that no adjustment will be made until resident has been contacted and approval given for such adjustment. Once an adjustment is offered, residents have 30 days to accept or decline offered adjustment.

Signed

Date

Please Submit To:
Town of Flower Mound
2121 Cross Timbers Rd
Flower Mound, TX 75028
utilitybilling@flower-mound.com

<i>For Office Use Only:</i> Date Received: _____ initial _____
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