



Internal use only

Certification of Water Leak Repair Application

Utility Bill Account Number: _____

Account Bill Name: _____

Billing Address: _____ **City:** _____ **State:** _____

Contact Telephone #: _____ **Alternate:** _____

Service Address of Repaired Leak: _____

Description of Leak: _____

- **Date Leak Discovered:** _____
- **Leak Location (leak was where on property):** _____

Leak Repaired By:

- **Company Name:** _____ **Telephone #:** _____
- **Company Address:** _____ **City:** _____ **State:** _____
- **Date Leak Repaired:** _____
- **Permit Number:** _____
- **Total Cost of Leak Repair:** _____
- **NOTE: A COPY OF THE PERMIT AND INVOICE FOR REPAIR MUST BE ATTACHED**

Policy:

No Adjustment will be made for water wastage associated or caused by a leak or malfunction of an irrigation or a pool system. Permits may be required for repairs performed and it is the responsibility of the customer to contact Building Inspections to inquire into any permit requirements. Repairs submitted for work requiring a permit will be denied if a permit is not obtained within 30 days of notice. For More information, please visit <https://www.cityofcarrollton.com/departments/departments-q-z/utility-customer-service/>

Certification:

I certify this request for a leak adjustment to my City of Carrollton utility bill is true and factual. I understand granting of a leak adjustment will be in compliance with the Ordinances and Policies of the City of Carrollton. I further understand should a leak adjustment be approved, that no adjustment will be made until a full leak free billing period has occurred.

Signed

Date

E-mail Certification Form, a copy of the Permit, AND a copy of Repair Invoice To:

contactus@cityofcarrollton.com

OR deliver to the Utility Customer Service counter located at:
1945 E. Jackson Rd., Carrollton, TX 75006