



# CITY OF IRONTON PUBLIC WORKS DEPARTMENT WATER LEAK ADJUSTMENT FORM

Account Number:

Today's date: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Property owner (please print): \_\_\_\_\_

Service Address: \_\_\_\_\_, Ironton Ohio 45638

Living at this address how long: \_\_\_\_\_ years. How many people reside: \_\_\_\_\_

Date leak detected: \_\_\_\_\_ + Date leak was repaired: \_\_\_\_\_

Leak location:            Inside                            Outside                            Above ground                            Below ground

Description of leak: \_\_\_\_\_

\_\_\_\_\_

Leak repaired by: \_\_\_\_\_

How leak was repaired: \_\_\_\_\_

\_\_\_\_\_

I hereby notify the City of Ironton's Water Department that I have sustained a water leak at the above address and that it has been repaired. I am providing a **copy of the repair bill and/or material receipt**. I am requesting an adjustment to my utility bill per City Policy. I understand that signing this form does not guarantee a billing adjustment will be made. The adjustment will be based on the following formula:  $A = \text{Consumption during leak}$ ,  $B = \text{Average consumption}$ ,  $D = \text{Adjustment}$   $.5 ( A - B ) + B = 's D$

Signature of Customer \_\_\_\_\_

### FOR CITY USE ONLY

Previous adjustment date: \_\_\_\_\_, Copy of repair receipt provided:  yes  no

Does bill exceed 3000 gallon:  yes  no

Does bill exceed 200% of previous 12 month average:  yes  no

Previous average monthly usage \_\_\_\_\_ for 12 months.

Authorization to adjust utility bill  yes  no to \_\_\_\_\_ gallons.

Reason: \_\_\_\_\_

Signed \_\_\_\_\_ / \_\_\_\_\_ Superintendent of Water and/or Mayor

$D = [ .5 (A-B) + B ] = [ .5 ( \text{_____} - \text{_____} ) + \text{_____} ] = \text{Adjustment to _____ Thousand Gallons}$

If you have any questions about your billing or service please contact Cheryl Howell or Debbie Fields at the Water Works Office by phone at (740) 532-3353.

