

Doddridge PSD
99 Court Street, Suite 130
West Union WV 26456
(304) 873-8899



Leak Adjustment Request Form

Name on Account:		Account Number:
Phone Number:	Email:	
Date Leak was Discovered:	Date Leak was Repaired:	
Describe the location of the leak and the action you took to repair:		
**MUST ATTACH PROOF OF QUALIFYING LEAK AND REPAIR (before/after photos, dated receipts for supplies purchased, etc.)		
I, the undersigned customer, do swear that that I am the customer of record for the listed account, and that the above information is true and accurate to the best of my knowledge. I have read Leak Adjustment Policy and certify that my situation meets all the restrictions and requirements listed and I accept the terms provided in the policy and do hereby request an adjustment to the water bill under the provision of the Doddridge Leak Adjustment Policy.		
Customer Signature and Date:		

For Office Use Only

Date Presented to Board:		Board Approval? (circle one) YES NO
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