



Leak Adjustment Request Form

Please complete the information below:

Customer Name: _____ Account # _____

Service Address: _____ Phone: _____

City, State, Zip: _____

Date leak occurred or was discovered: _____

Description of leak (location, cause, other related details): _____

Date leak was repaired: _____

Description of repairs made: _____

The above information is true and accurate to the best of my knowledge. I believe I am entitled to a leak adjustment on my current billing cycle based on the rules and regulations of the West Virginia Public Service Commission.

Customer SIGNATURE _____

DATE _____