



ASH FORK WATER SERVICE
LEAK ADJUSTMENT FORM

Customer Name: _____
Service Address: _____
Phone # _____ Email _____
Date Leak Discovered _____ Repair Date: _____

Brief Description of Incident:

For Office Use Only
LEAK ADJUSTMENT CALCULATIONS

Account #:	Date:
Current Year Usage/ Charges	Previous Year Usage
Adjusted Usage/ Charges	Credit to be Issued