



City of Winnsboro Application for Lost or Wasted Water and/or Sewer Adjustment

Type of Service: Residential Services ONLY

Today's Date: _____ Date of Bill Reflecting Leak: _____

Service Address: _____

Customer Information

Name: _____
Social Security #: _____ Drivers License #: _____ St: _____

Mailing Address: _____ City: _____ St: _____ Zip: _____

Phone #: (____) _____ - _____ Alt #: (____) _____ - _____

E-Mail: _____

Employer: _____ Phone #: _____

Description of Water Leak / Waste

Source: _____

Location: _____

What Broken: _____

Other: _____

Repaired by:

Professional: _____ Self
Company Name

Customer must show evidence the leak has been located and repaired. Evidence may be in the form of a bill marked paid from a licensed plumber (preferred) or receipt(s) for parts for a self-repair, accompanied by photos of the repair.

If Renting/Leasing Provide Property Owner Information

Name: _____

Mailing Address: _____ City: _____ St: _____ Zip: _____

Phone #: (____) _____ - _____ Alt #: (____) _____ - _____

Signature: _____

An application submitted by a tenant must be co-signed by the landlord/property owner.

City of Winnsboro

Application for Lost or Wasted Water and/or Sewer Adjustment

FOR OFFICE USE ONLY

Date Received: _____ Received by: _____

Has this property received a credit before? NO YES - When? _____

If yes, was the credit for water or sewer or both? _____

Evidence of a leak included with this application: NO YES

If yes, describe: _____

Pull INCODE Customer History Report to calculate adjustment; attach to form

Pull Appraisal District Information to confirm ownership; attach to form

WATER ADJUSTMENT	SEWER ADJUSTMENT
_____ Average 6 month water use prior to leak	_____ 6 month average sewer prior to leak
_____ Billed amount requesting adjustment	_____ Billed amount requesting adjustment
_____ Suggested adjustment	_____ Suggested adjustment

The Supervisor over the Utility Billing Department shall have the discretion and authority to make limited adjustments for customer water leaks. Water adjustments shall be limited to no more than fifty percent (50%) of the billed consumption and may not be more frequent than eight years. Staff shall have the authority to make adjustment for excessive sewer charges relative to a water leak; adjustment shall be the average charge for the preceding six (6) months.

AUTHORIZATION

Approved
or
Rejected

Reviewed by: _____ Date: _____

Athorized by: _____ Date: _____

Rejected due to: _____

Adjustment made by: _____ Date: _____

Customer contacted about the adjustment or rejection. - send e-mail, letter, or phone call.

NOTES IF NEEDED