

BONNER SPRINGS UTILITIES

PROVIDING SAFE DRINKING WATER FOR OUR CITY AND CLEAN WATER FOR THE ENVIRONMENT

REQUEST FOR WATER LEAK ADJUSTMENT

Customer Information

Homeowner's Name: _____

Service Address: _____

Contact Phone #: _____ Optional Contact # or email: _____

Leak Repair Information

Date Leak Discovered: _____ Date Leak Repaired: _____

Description of Leak: _____

PLEASE NOTE: Completion of this form does not guarantee an adjustment will be made on your water or sewer bill. Once the review is complete, you will receive notification of results from the Utilities Department. This may take up to three (3) weeks.

Please return completed application to the Utilities Billing Department.
 Receipts of repair/photos must be included.

I have read, understand and agree with the Water and Sewer Bill Adjustment Policy.

 Date Submitted

 Signature

For Office Use Only:			
Date Received: _____	Receipt and/or Photos: Yes No	Permit: Yes No	
Water usage of Original Bill: _____	Month of Leak: _____	Adj. Avg. Usage: _____	
Utilities Department Approval: _____	Date: _____		
Leak Credit Amount: \$ _____	Original Bill Amt. \$ _____		
Finance Approval: _____	Date: _____	(If Request is denied, attach supporting documentation.)	

