



City of Staunton
Finance Department
PO Box 58, Staunton, VA 24402
Ph: (540) 332-3861 Fax: (540) 851-4026
Email: adjustments@ci.staunton.va.us

LEAK ADJUSTMENT REQUEST FORM

Name on Account: _____ Account Number: _____

Service Address: _____

Phone Number: _____ Email Address: _____

Type of Adjustment:

- Underground Burst Pipe Pool Landscaping Crawl Space Toilet Leak
- Basement-Finished Floor Basement-Dirt Floor Other (Specify) _____

Was the premises vacant or unoccupied when leak occurred? Yes No

If yes, what was the time period of the vacancy? _____

Date Leak Discovered: _____ Date of Repair: _____

Who Repaired the Leak: _____

Documentation is required for all repairs. Please attach a receipt for completed repairs. Incomplete documentation will result in your request being delayed or denied.

Please provide a detailed description of the leak and actions that were taken to complete the repairs:

I certify that all of the information provided is true and correct to the best of my knowledge. I understand that completion of this form does not guarantee a water/sewer adjustment will be given. I also understand that all documents, including repairs receipts, must be received before my account will be reviewed for a leak adjustment.

Print Name: _____

Date: _____

Signature: _____

Click to accept*

*By accepting, you are signing this electronically. You agree that your electronic signature is the legal equivalent of your manual signature.