



CITY OF DECATUR, TEXAS

City of Decatur Water Leak Adjustment Form

In the event a customer receives an abnormally high billing as a result of a concealed leak, customer may request an adjustment.

Location of Leak:

Date of Request:	Account Number:
Customer Name:	Date Leak Detected:
Contact Phone Number:	Date Leak Repaired:
Service Address:	First Billing Date Reflecting Leak:

To be considered for a water leak adjustment, customer must meet and provide all the criteria listed in the City of Decatur Adjustment Policy and provide supporting documents. By initialing and signing below, you acknowledge that you have read the policy, meet the criteria and have included all documents.

Failure to adhere to this policy and provide the items requested will result in the denial of your water leak adjustment request. Partially completed request will not be accepted.

Upon the completion of our review, the outcome of your request will be sent via email or regular mail. The request for an adjustment does not exempt you from payment. Please continue to pay your water and/or sewer bill by the due date. If you are unable to pay your account in full, it is your responsibility to contact our office, prior to your due date so that you may discuss a special payment arrangement with our customer service staff. Failure to do so may result in penalties and/or an interruption in your service.

_____ I have read and understand the City of Decatur's leak adjustment policy.

_____ I have included all related documentation as required.

_____ I acknowledge that I meet all the criteria listed/required.

Signature: _____ Date: _____

Please mail or fax you completed form and supporting documents to:

City of Decatur-Utility Billing Department Attn: Leak Adjustment P O Box 1299 Decatur, TX 76234	Phone: 940.393.0200 Fax: 940.393.0201
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PLEASE ATTACH ALL SUPPORTING DOCUMENTATION INCLUDING A COPY OF REPAIR INVOICE/RECEIPT FOR REPAIR PARTS

REV 01/2022