



Leak Adjustment Request Form

Customer Name: _____

Service Address: _____

Account Number: _____ Phone Number: _____

Email Address: _____

Leak Information

Date Leak Was Discovered: _____

Location of Leak: _____

Date Repairs Were Completed: _____

Brief Description of Leak and Repairs Made:

Customer Acknowledgement

- Leak adjustments are limited to one adjustment per account per calendar year.
- The adjusted bill amount must meet the utility's leak adjustment requirements.
- Leak adjustments are only considered after repairs have been completed.
- It is the customer's responsibility to contact Grand Strand Water and Sewer Authority regarding any sewer bill adjustment requests.
- Submission of this request does not guarantee approval of a leak adjustment.

Customer Signature: _____ Date: _____

Office Use Only

Date Request Received: _____ Reviewed By: _____

Adjustment Amount: _____ Comments: _____