

# Request for Leak Adjustment



All adjustments are applied to the account. Per City Ordinance- If approved you will receive one half of the difference between your average consumption before the leak and the highest usage during the leak, with exceptions. Each customer is allowed one leak adjustment per account in a 12-month period.

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Water Account Number: \_\_\_\_\_ Date of Request: \_\_\_\_\_

When Leak Began: \_\_\_\_\_ Date Leak was Repaired: \_\_\_\_\_

Describe Leak: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please, attach a copy of plumbing bill or receipt for parts.

E-mail to: [utilities@emporiaks.gov](mailto:utilities@emporiaks.gov)  
Fax to: (620) 343-5668  
Drop Box: 104 East 5<sup>th</sup> Street, South Parking Lot  
Mail to: Water Department, P.O. BOX 928, Emporia, Kansas 66801

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**BELOW LINE IS FOR USE OF CITY OF EMPORIA PERSONNEL ONLY**

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Approved                      Denied

Reason for Denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Adjustment: \$ \_\_\_\_\_