

Leak Adjustment Policy

I, (customer) _____, do hereby agree that Riceville Utility District has granted me/us an adjustment for an adjustment for an excessive water bill. I understand that this adjustment consist of one month's average bill plus a rate of \$1.50/1,000 gallons of the incurred leak which may have occurred over a one or two month's period of time. It is understood and agreed that this is a one-time per year adjustment and should I have another leak within the next twelve months of this agreement, I will be responsible for the entire cost accrued by the leak.

<i>Office Use Only:</i>	
Total consumption of the Bill	_____
Less: Average Bill (12 Months average)	_____
Total Leak	_____
Consumption x 1.50/1000 gallons	_____
+ Average Bill.....	_____
Subtotal Amount Due	_____
+ Tax (9.00%)	_____
Total Due	_____
Total Adjustment	_____
_____	_____
Signed	Date
_____	_____
Account Number	Service Address

_____, I acknowledge that the above Leak Adjustment Policy has
 (Customer)
 been explained to me by _____ and I fully understand the terms of
 (RUD Personnel)
 this agreement.

Leak Adjustment Form

Date _____

I, _____, certify that the plumbing at the address listed below was repaired by _____ on _____ and is now in good condition and free from leaks. The repairs made were as follows _____

In my opinion, these leaks were sufficient enough to have caused the increase in the water bill which was rendered to the above address. I certify that the information above is true.

Signed _____

Name _____

Address _____

Account Number _____ Telephone Number _____

Number of Person/s Occupying this Residence _____

OFFICE USE

Approved _____ Disapproved _____

Chairman