

LEAK ADJUSTMENT APPLICATION  
DEPARTMENT OF PUBLIC UTILITIES  
CITY OF COLUMBUS, OHIO

PLEASE PRINT – ALL INFORMATION IS REQUIRED FOR CONSIDERATION

ACCOUNT (CUSTOMER # - PREMISES #): \_\_\_\_\_

NAME ON ACCOUNT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS OF LEAK: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DID LEAK OCCUR INSIDE OR OUTSIDE  
(BE SPECIFIC)? \_\_\_\_\_

IF INSIDE, IN WHAT ROOM: \_\_\_\_\_

DATE THE LEAK WAS DISCOVERED : \_\_\_\_\_

WHEN DID THE LEAK BEGIN  
(IF KNOWN): \_\_\_\_\_

DATE THE LEAK WAS REPAIRED: \_\_\_\_\_

HOW WAS THE LEAK REPAIRED?: \_\_\_\_\_

WHO REPAIRED THE LEAK?: \_\_\_\_\_

**PLEASE ATTACH COPIES OF ALL INVOICES FOR REPAIRS**

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

WATER METER #: \_\_\_\_\_ READING: \_\_\_\_\_

WATER REMOTE #: \_\_\_\_\_ READING: \_\_\_\_\_

SAM + - #: \_\_\_\_\_ READING: \_\_\_\_\_

SAM REMOTE #: \_\_\_\_\_ READING: \_\_\_\_\_

# OF PEOPLE: \_\_\_\_\_

REMARKS: \_\_\_\_\_

INSPECTION MADE BY: \_\_\_\_\_ DATE: \_\_\_\_\_

## **LEAK INFORMATION**

Thank you for recently contacting us regarding the leak at your property. **After repairs are completed**, fill out the form on the back of this letter and return it to us at the address below. **All of the information is required.** You may attach additional sheets if necessary. You must enclose copies of receipts/invoices and any pictures of the repairs.

Once our office receives the completed form and copies of receipts, we will contact you to set up an on-site inspection. **We cannot process your request without the proper verification.** After the inspection, our offices will review all of the information for a possible adjustment. Adjustments take between three to six weeks to complete.

It is the policy of the **Department of Public Utilities** that leak adjustments may be granted for a period of no greater than six (6) months prior for monthly accounts, or twelve (12) months prior for quarterly accounts.

You should continue to pay all water and sewer charges until a decision has been made. If you should have any questions regarding your bill or if you would like to make payment arrangements, please contact the Customer Service Center Monday through Friday between the hours of 7:00 am to 6:00 pm at **(614) 645-8276**.

### **RETURN FORM TO:**

Department of Public Utilities  
Attn: Customer Service Leak Investigation  
910 Dublin Road  
Columbus OH 43215

By Fax: **(614) 645-0222**  
By EMAIL: [UtilityLeadRep@columbus.gov](mailto:UtilityLeadRep@columbus.gov)