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: _____

WHERE DID THE WATER GO: _____

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 contacting us regarding the reported leak. **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.

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**.

It is the policy of the **Department of Public Utilities** that leak adjustments may be made up to two years prior to the leak being corrected.

RETURN FORM TO:

Department of Public Utilities
Attn: Leak Investigation
PO Box 163212
Columbus OH 43216-3212

OR FAX TO: **(614) 645-0222**