



# TROPHY CLUB MUNICIPAL UTILITY DISTRICT No. 1

## Leak Adjustment Request Form

In the event a customer receives an abnormally high billing as result of a loss caused by a leak, a Courtesy Leak Adjustment may be granted once the repair is made.

TYPE OF LEAK:     Toilet             Outside Lateral             Irrigation             Inside/Other

Date:	Account Number:
Customer Name:	Date Leak Detected:
Contact Number:	Date Leak Repaired:
Service Address:	First Bill Date Reflecting Leak:

To be considered for a leak adjustment, you must meet and provide all the criteria listed in our **Leak Adjustment Policy**. By initialing and signing below, you acknowledge that you have read the policy, meet the criteria, and have included the indicated documents.

**Failure to adhere to this policy and provide the items requested will result in the denial of your leak adjustment request. Partially completed request will be denied.**

Upon the completion of our review, the outcome of your request will be sent to you by mail. Submittal of a Leak Adjustment Request does not exempt you from payment. Please continue to pay your bill by the due date. If you are unable to pay your account in full, it is your responsibility to contact our office prior to your due date, so that you may discuss a payment arrangement with our customer service staff. Failure to do so may result in penalties and/or disruption of service.

\_\_\_\_\_ I have read and understand Trophy Club Municipal Utility District No. 1 Leak Adjustment Policy.

\_\_\_\_\_ I have included all of the needed documentation as listed/required.

\_\_\_\_\_ I acknowledge that I meet all the criteria listed/required.

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

Please mail or fax your completed form and supporting documents to:

Trophy Club Municipal Utility District No. 1  
Attn: Leak Adjustment  
100 Municipal Drive  
Trophy Club, TX 76262

PLEASE ATTACH COPIES OF REPAIR INVOICES/RECEIPTS FOR REPAIR PARTS