

Lake Cities Municipal Utility Authority

Leak Adjustment Request Form

This form does not guarantee that a credit will be applied to customer's water utility account. The customer is responsible for all water that flows through the meter and is notified when a LCMUA representative discovers a leak. As inducement to timely repair, the customer may be offered a credit for a portion of the charges that resulted from the leak. This process is extended as a courtesy to our customers and is not an entitlement.

Only one (1) adjustment is allowed in a twelve **(12) month** period after a water leak has been repaired. To apply for an adjustment, please complete this form and provide a dated receipt as evidence of repair. If you are unable to supply a receipt, a letter explaining the repair with a signature *may be considered*. Please note account adjustments will only be analyzed for water usage to a maximum term of two billing cycles. The adjustment is calculated when a clean read is received without any period of the leak to ensure it has been repaired or corrected. Please note if the receipt is more than three (3) months old or the leak has gone unrepaired for more than three months – no adjustment will be made. The process can take up to 60 days as we need to determine the leak has been repaired.

Items Customer Service Representatives evaluate when qualifying a customer's Leak Adjustment Request:

- Verify customer meets 12-month criteria in the LCMUA system.
- Verify the repair date on the invoice, receipt, or letter.
- Is the invoice, receipt, or letter clear and legible? (Must be in English)

Customer Name:	Acct #:	Date of Submittal:
Service Address:	Phone #:	Email Address:
Type of Leak:	<input type="checkbox"/> Irrigation <input type="checkbox"/> Toilet <input type="checkbox"/> Pipe <input type="checkbox"/> Other:	
Date Leak Occurred:	Date Leak Repaired:	

Required Documentation (including this form)

Copy of repair invoice attached (if repaired professionally)	Yes	No
or		
Copy of receipt(s) attached (if repaired by owner/tenant or agent)	Yes	No
or		
Detailed letter explaining the repair with signature	Yes	No

Brief description of leak and action taken to repair:

Please return this form and documentation to the Utility Billing team at:

Lake Cities Municipal Utility Authority
 Attention: Utility Billing
 501 N Shady Shores Dr
 Lake Dallas TX 75065

Email: utilitybilling@lcmua.org

Please feel free to contact Utility Billing at 940-497-2999, with any questions.

LCMUA - Leak Adjustment Request

This side is for LCMUA Staff Only – Please do NOT write on this side of the form

Customer Name:	Acct #:
Service Address:	Phone #: Email Address:
Date Leak Occurred:	Date Leak Repaired:
Verification of 12-month criteria <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of leak:
Detail Report Date:	Adjustment Period: <i>date of two billing cycles</i>

Verify the repair date on the invoice, receipt or letter <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Required support attached</i>
Comments:

Sewer Averaging Review: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do they meet the 30-day test? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Water Consumption Data

1 st month	Consumption	Billing Charge \$
2 nd month	Consumption	Billing Charge \$

Data for Winter Wastewater averaging adjustment

1 st month	Consumption
2 nd month	Consumption
3 rd month	Consumption
4 th month	Consumption

Total Adjustment: <input type="checkbox"/> Approved <input type="checkbox"/> Denied \$	Customer Service Rep:
Approved By:	Date: