WATER ADJUSTMENT REQUEST

As a courtesy to our customers, the City of Auburn Department of Public Utilities will review a customer’s request for a lost water adjustment ONCE IN A TWELVE MONTH PERIOD. The City of Auburn will absorb one-half of the water usage above the customer’s average usage for the prior twelve (12) month period, providing the following information is included and the review indicates all requirements are met:

1. Leak must be repaired within 5 business days.
2. Repair bills must be attached to this request.
3. Lost water must exceed normal monthly usage by 5,000 gallons.
4. Customer is responsible to maintain full payment of balance due until request is granted or denial of request is made.
5. Any payments not paid by the due date will subject the account to a late penalty and/or termination of service.

To request a water adjustment on your account, please complete the following:

Account # ________________ Meter # ________________
Name ______________________
Daytime Phone # ________________
Location Address ______________________
Date of Leak Discovered ________________
Location of Leak (check one) House ____ Yard ____ Other ____
(Other, please describe) ________________
Repair Date ________________ Meter Reading after Repair ________________

If you are unable to identify specific causes for high usage, please provide as much information as possible about the water loss. Use back of this form if necessary.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

NOTE: COMPLETION OF THIS FORM DOES NOT GUARANTEE A WATER ADJUSTMENT WILL BE GIVEN. COMMERCIAL AND IRRIGATION ACCOUNTS/IRRIGATION SYSTEMS DO NOT QUALIFY FOR ADJUSTMENTS.

Please return this completed form with required attachments to:
Department of Public Utilities, Customer Service Division,
1369 Fourth Ave., Auburn, GA 30011.

_____ Granted _____ Declined

_________________________ ________________
Mai Chang Date