Forgiveness of Sewer Charges – Leak Adjustment Form

To be used for applying for a sewer credit due to a water leak.

2124 Autumn Court - P O Box 655, Sister Bay, WI 54234| p. (920) 854-2246

PERSONAL INFORMATION	
Full Name:	**Date:**
Are you a current user of the Village of Sister Bay utilities? ☐ Yes ☐ No	**Service Address:**

CONTACT INFORMATION	
Email Address:	**Phone Number:**

LEAK INFORMATION	
Date leak was first noticed:	**Location of leak:**
Cause of leak:	**Was the water that leaked discharged to the sanitary sewer system:**
Have you received a previous leak adjustment? If so, provide approximate date:	**List the billing periods for which you are requesting adjustment:**

Please complete the following information:

1. **Describe how you noticed or discovered the leak:**

2. **Describe actions taken to repair the leak *(you must attach a copy of repair receipts (plumber's invoice or parts purchased)*:**

3. **If the water that leaked was not discharged to the sanitary sewer, explain why *(provide adequate proof that the water that was leaked did not enter the sanitary sewer system)*:**

CUSTOMER CERTIFICATION	
Signature:	**Date:**

By signing this request, I agree to the following statements:

1. I understand the terms and conditions of the Village of Sister Bay Forgiveness of Sewer Charges / Leak Adjustment Policy.
2. I am notifying Sister Bay Waterworks that I have sustained a water leak and that such leak has been repaired.
3. I agree to allow Utility personnel access for field verification of repairs.
4. I understand that submittal of this form does not guarantee that an adjustment will be made.
5. I agree that all statements herein and any attachments are true and correct to the best of my knowledge and understand that making false statements on a government record may result in legal action.

UTILITIES CLERK USE ONLY		
Date application received:		**Average usage:** gallons
Adjustment amount to be considered (as calculated by Utility Clerk): $		**Average bill: $**
UTILITIES DIRECTOR USE ONLY		
APPROVED or **DENIED**	**Adjustment amount: $** **Date applied to account:**	**Reason for denial:**