



# Howell Mountain Mutual Water Company

## Consideration for Leak Adjustment

The Leak must be fixed before applying.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_

Who discovered the leak? \_\_\_\_\_

When the leak was discovered (date)? \_\_\_\_\_

How long did the leak exist before being discovered? (your best guess) \_\_\_\_\_

When was the leak fixed? \_\_\_\_\_

Who fixed the leak? \_\_\_\_\_

Do you know where your meter is?  Yes  No

Where was the leak located? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What caused the leak? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What measures have been taken to prevent this from happening again? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Our General Manager will need to verify this information, when is a good time for you?

\_\_\_\_\_