



WATER LEAK or POOL FILL ADJUSTMENT REQUEST FORM

Today's Date: _____ Account #: _____

Name: _____ Phone # _____

Service Address: _____

_____ Water Leak Adjustment _____ Pool Fill Adjustment (water will not be adjusted)

Approximate Date Leak Started: _____ Repair Date: _____

Pool Fill Start Date: _____ End Date: _____ Gallons: _____

Leak repaired by: _____

Are receipts or invoices attached? _____ Yes _____ No

If no, please explain: _____

Please give a brief description of the leak and of the repair: _____

Please be advised that a water leak or pool fill adjustment is a courtesy that the Town of Lexington extends to customers. The above information will be reviewed and if an adjustment is warranted, a credit will be applied to your utility account. This process may take up to three billing cycles to complete as your consumption must return to normal use. Your account must show at least four months of consumption to have an average usage in gallons to calculate. Please return completed form and receipts or invoices to either option listed below. If you have questions, please contact customer service at 803-951-4630.

Customer Signature: _____ Date: _____

*****Finance Department Use Only*****

Received by: _____ Receipts attached: _____ Scanned to account: _____

Will customer pay average bill each month? _____ Yes _____ No Average bill to pay: \$ _____

Email: alegette@lexsc.com Fax: 803.951.0352 Mail: PO Box 397 Lexington SC 29071