

Leak Adjustment Application				
Name			Account Number	
Service Address			Phone Number	
Email Address			Number of Occupants	
Date Leak Occurred			Date Leak Repaired	
Select Type of Leak :	Irrigation Toilet Pipe Water Heater Other			
Provide a Brief Description of the				
Leak				
Documentation				
Have you provided a copy of the repair invoice (if repaired professionally) Yes OR a copy of the repair receipts (if repaired by owner/tenant or agent) Yes Have you provided a copy of the billing statement for the month of leak consumption Yes Have you provided a Notarized Affidavit verifying repairs (if receipts are unavailable) Yes *Please attach your Documentation Yes				
Acknowledgment				
You will be notified by phone or e-mail once your Leak Adjustment Application has been received. Leak Adjustments are not allowed if the leak is not in excess of average consumption. Please allow 8 to 12 weeks for the processing of your Leak Adjustment Application.				
I have reviewed the Leak Adjustment Policy and I understand the requirements and procedures applicable to Leak Adjustments. This includes knowledge that only one (1) Leak Adjustment is allowed during a 24 consecutive month period.				
Customer Signature: Date:				
Office Use Only CSR: Date Application Received: Processed: Date Approved: Date Denied:				
PLEASE RETURN LEAK ADJUSTMENT APPLICATION AND REQUIRED DOCUMENTATION TO: City of Canton				

110 Academy Street Canton, GA 30114 770-704-1502 water@cantonga.gov