



CITY OF TOLEDO Leak Adjustment Reimbursement Request Form

Submittal Date: _____

Applicant Information:

Service Address with leak: _____

Account Holder Name(s): _____

Mailing Address: _____

_____ City State Zip

Phone Number: _____ E-mail address: _____

Date leak started: _____ Date leak discovered: _____ Date leak repaired: _____

Description of leak repair: _____

Applicant Affidavit

- Applicant owns and/or is the authorized account holder of the subject property listed above and is requesting consideration for a leak adjustment according to current City of Toledo Policy.
- Applicant is requesting consideration for leak adjustment due to water supply break, failure, and/or leak on the customer (private) side of the water meter beyond their control. **No leak adjustment is allowed for a leaking toilet or for negligent failure to repair a leak.**
- Customer must request a leak adjustment within six (6) months of the occurrence. Requests for adjustments beyond the six (6) months will not be considered.
- One adjustment per utility account will be allowed per calendar year (rolling 12 month year from last occurrence).
- Applicant hereby acknowledges the leak(s) have been corrected satisfactorily, was done so within ten (10) days of customer knowledge and is no longer an issue.
- Applicant understands and acknowledges leak adjustments are subject to review by City staff and are NOT guaranteed.
- Applicant affirms that the information set forth in this Leak Adjustment Reimbursement Request Form is true and accurate.

Applicant must attach a copy of service invoice or parts receipt.

Applicant Signature: _____ Date: _____

OFFICE USE ONLY:

Date received: _____ Staff authorization: _____

Applied to Account: _____ Letter sent(date): _____