

Attachment B
Customer's Request for Leak Adjustment

NOTE: A WATER LEAK ADJUSTMENT WILL ONLY BE CONSIDERED FOR A SINGLE-UNIT, RESIDENTIAL PROPERTY THAT RECEIVES AN INDIVIDUAL USAGE BILL.

Please provide the following information:

- 1). Customer Name: _____
Account No. (Parcel No.): _____
Routing Number: _____
Address: _____

- Telephone No.: _____

- 2). Describe the type and location of the leak:

- 2). Date the leak was repaired: _____.

- 3). Attach a copy of the plumber's invoice for the repair. If the repair was completed by the customer, provide a copy of the sales receipt for the parts and an explanation of the repair performed. (NOTE: Adjustments for plumbing repairs made by the customer that are required by the Anne Arundel County Code to be completed by a licensed plumber will not be considered.)

I certify that to the best of my knowledge that the above information is true and correct.

Customer Signature: _____
Date: _____

Please contact a Customer Service Representative at 410-222-1144 if you have any questions. The completed form should be mailed to:

Anne Arundel County
Customer Service
P.O. Box 427
Annapolis, Maryland 21404