

**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.**

**Leak Adjustment Policy**

**High bill adjustment approval is primarily considered a courtesy to customers. On-property plumbing systems and their integrity are the sole responsibility of the customer. Subsequent adjustment requests due to plumbing failure after an initial approval will not be considered.**

Please provide the following information:

- 1). Customer Name: \_\_\_\_\_  
Account No. (Parcel No.): \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
If tenant, date of move in/occupancy \_\_\_\_\_

- 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**