

**Attachment A**  
**Customer's Request for Leak Adjustment**

**Leak Adjustment Policy**

**High bill adjustment approval is 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.): \_\_\_\_\_  
Routing Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
If tenant, date of move in/occupancy\* \_\_\_\_\_ \*(Note: Required information to process the leak adjustment)
  
- 2) Describe the type and location of the leak:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 3) Date the leak was repaired: \_\_\_\_\_.
  
- 4) 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.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**