

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
Email: custserv@aacounty.org