



New Albany Municipal Utilities

LEAK ADJUSTMENT INFORMATION

PLEASE READ THIS SHEET ENTIRELY BEFORE SUBMITTING A LEAK ADJUSTMENT REQUEST

PLEASE CHECK OFF EACH ITEM BEFORE SUBMITTING THE REQUEST TO THE SEWER OFFICE. LEAK ADJUSTMENT REQUESTS WILL NOT BE ACCEPTED WITHOUT PROOF OF REPAIR.

LEAK ADJUSTMENT FORM FILLED OUT COMPLETELY _____

PROOF OF REPAIR INCLUDED _____

WATER CONSUMPTION HAS GONE BACK TO NORMAL _____

REGULAR PAYMENTS MADE _____

- PLEASE ATTACH PROOF OF REPAIR (RECEIPTS, PLUMBING INVOICES, ETC.) **LEAK ADJUSTMENTS WILL NOT BE ACCEPTED WITHOUT PROOF OF REPAIR.** IF YOU HAVE A LETTER FROM YOUR WATER COMPANY, PLEASE INCLUDE THAT AS WELL.
- ONCE YOUR WATER CONSUMPTION HAS GONE BACK TO NORMAL YOUR LEAK ADJUSTMENT WILL BE PRESENTED TO THE SEWER BOARD.
- PAY WHAT YOUR "NORMAL" OR AVERAGE BILL WOULD BE WHILE WAITING FOR YOUR ADJUSTMENT TO BE PROCESSED. PENALTIES ASSESSED AS A RESULT OF YOUR LEAK WILL BE TAKEN INTO CONSIDERATION AFTER THE ADJUSTMENT IS GRANTED.
- NO ADJUSTMENTS SHALL BE MADE FOR TOILET LEAKS.

**ALL ADJUSTMENTS ARE SUBJECT TO THE APPROVAL OF
THE NEW ALBANY SEWER BOARD**

CUSTOMER SERVICE

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LEAK ADJUSTMENT REQUEST

DATE _____

ACCOUNT NAME _____ ACCOUNT NUMBER _____

SERVICE ADDRESS _____ CONTACT NUMBER _____

WHERE ON YOUR PROPERTY DID THE LEAK OCCUR? (EXAMPLE: AT THE METER, MAIN LINE, KITCHEN, ETC.)

WHERE DID THE WATER GO? (EXAMPLE: YARD, BASEMENT FLOOR. ETC)

DO YOU HAVE A FLOOR DRAIN OR SUMP PUMP YES NO (CIRCLE ONE)

TO WHERE DOES THE FLOOR DRAIN OR SUMP PUMP DRAIN? _____

WHEN DID THE LEAK OCCUR? (APPROXIMATE DATES) _____

WHO REPAIRED THE LEAK? _____

ADDITIONAL COMMENTS OR DETAILS

