

Jackson County PWSD #12
304 N Ranson Rd. Greenwood, MO 64034
(816) 537-6856

Leak Adjustment Request

Describe incident including time frame of leak and date of repair

Proof of repair is required; a copy of receipt(s) for part(s) purchased to fix the leak and/or copy of invoice billed for repair

Long-term Arrangements: An agreement to submit a monthly payment of the current water bill plus an additional \$25.00 toward the leak until Leak Adjustment is approved.

YES

NO

Current Bill Amount: \$ _____

Additional Amount: \$25.00

Total Payment: \$ _____

Payment Start Date: _____

Due By: 21st of every month

****Default on payment will result in disconnection of water service, an additional \$25.00 service fee and requirement of total balance paid in full before service will be restored****

Signature

Date

Account No.: _____

Entered By: _____