

FULTON COUNTY FINANCE DEPARTMENT WATER & SEWER BILLING AND COLLECTIONS DIVISION 141 Pryor St, Suite 7001, Atlanta, GA 30303 Phone: (404) 612-6830 Fax: (404) 612-0333 Email: Adjustment.Request@fultoncountyga.gov

LEAK ADJUSTMENT REQUEST FORM

- This form, along with the appropriate repair statement, must be submitted for an adjustment to be considered. A copy of a plumber or contractors repair bill must accompany this request for adjustment.
- If you repaired the leak yourself, a copy of the materials purchase receipt must accompany the request.
- Please note that the form is not a guarantee that a credit will be applied to your bill. If a credit is issued, it will be reflected on your next bill. In most cases, an adjustment credit will only reduce and not eliminate an entire bill. You will be responsible for any remaining amounts.
- You will be notified if the request cannot be granted or if additional information is needed.

Customer Name				
	LAST Name, First Name, Middle Initi	al OR Business Name		
Service Address				
	Street	Address	City	State Zip Code
Customer Number		Account Number		
Email Address			Phone	
Date Leak Occured		Date Leak Repaired]
	mm/dd/yyyy		mm/dd/yyyy	_
Leak Type	Underground Pipe	Toilet Irrigation	Other (Please desc	ribe below)
Please provide a c	letailed description of th	e leak and actions that were	e taken to complete	the repairs:
	-			-

I understand that completion of this form does not guarantee a water/sewer adjustment will be given. I also understand that all documents, including repair receipts, must be received before my account will be reviewed for a leak adjustment. I also certify that all of the information submitted is true and correct and applies to the account for which the credit is sought.

Signature

- If you are using Internet Explorer, you can use the button below to email your request directly from this page;
- If you are using Chrome, Firefox or Safari, you will need to:
 - **SAVE** this file on your computer;
 - $\circ~$ Open it with Adobe Reader;
 - \circ $\,$ Use the button below to email the request.

Alternatively, this request along with the

Date

required documentation can be submitted via:

- Fax (404) 612-0333; or
- In Person at:
 - o 11575 Maxwell Rd, Alpharetta, GA 30009; or
 - o 141 Pryor St SW, 7th Floor, Atlanta, GA 30303.

mm/dd/yyyy

OR