

# BEAUMONT

City Utilities

## APPLICATION OF LEAK REPAIR ADJUSTMENT

Application shall be made and submitted to the Customer Service Division on this courtesy form within 60 days from the date the repair is completed and will be limited to 2 considerations in a 12 month period. The customer will be required to provide receipts for parts or billed invoice from plumber/company. This application will be in a 90 day review by a supervisor to determine approval or denial of this courtesy form. **The customer is responsible for billed usage while the adjustment procedure is pending and failure or refusal to pay any bill can result in disconnection of service and additional service charges.** The Customer Service Division reserves the right to inspect all repairs pertinent to the application.

Please complete this form providing attachment: proof of work performed, materials purchased or billed invoice for repair from plumber/company and return to City of Beaumont, Customer Service Division, PO Box 3827, Beaumont, Texas 77704. This form must be signed by the person shown on the water billing records.

Account Name \_\_\_\_\_

Service Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Cust ID \_\_\_\_\_ Loc ID \_\_\_\_\_

Date Plumbing Broke \_\_\_\_\_

Date Plumbing Repaired \_\_\_\_\_

Repaired By \_\_\_\_\_

Type and Location of Plumbing Repaired \_\_\_\_\_

I hereby affirm that the above information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Drivers License No.

\_\_\_\_\_  
Date