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**CITY OF BEAUMONT  
APPLICATION OF LEAK REPAIR ADJUSTMENT**

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Application shall be made and submitted to the Customer Service Division on this form within **60 days from the date the repair is completed and will be limited to 2 considerations in a 12 month period.** This application will be reviewed by a supervisor to determine if the customer is entitled to or will receive an adjustment. **The customer will be required to provide proof of repairs, such as receipts for parts, or plumbing repair bills. The customer is responsible for billed usage while the adjustment procedure is pending and failure or refusal to pay any bill can result in the 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, attach proof of work performed or materials bought, and return to City of Beaumont, Customer Service Division, P.O. 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 \_\_\_\_\_

Account Number \_\_\_\_\_

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

\_\_\_\_\_  
Date