STATE OF INDIANA)
) SS
WARRICK COUNTY)

NEWBURGH SEWER DEPARTMENT MAIN OFFICE
WATER LEAK ADJUSTMENT FORM
PETITIONER

THE UNDERSIGNED PETITIONER BEING DULY SWORN UPON HIS/HER OATH DEPOSES AND SAYS THAT A WATER LEAK EXISTED AT _____ SINCE ON OR ABOUT THE _____DAY OF _____, 20__ AND THAT THE WATER FROM THIS LEAK DID *NOT* GO INTO THE NEWBURGH SEWER SYSTEM.

DESCRIPTION OF LEAK.

_____

_____

THIS LEAK WAS REPAIRED BY _____

ATTACH COPIES OF THE BILLS FROM THE PLUMBER AND RECEIPTS FOR REPLACEMENT PARTS.

_____
PETITIONER'S SIGNATURE

_____
PRINTED NAME

NOTE: SUMMER AVERAGING-MAY, JUNE, JULY, AUGUST, SEPTEMBER. NO ADJUSTMENT WILL BE MADE DURING THESE MONTHS.
ADJUSTMENTS TAKE 45 TO 60 DAYS TO APPEAR ON YOUR BILL
RETURN TO: NEWBURGH UTILITY OFFICE
P.O. BOX 100
NEWBURGH, IN 47629