



CITY OF FOLKSTON

Leak Adjustment Request

Customer Name _____ Date _____

Service Address _____

Mailing Address _____

Account Number _____ Phone _____

Description of the leak and completed repairs:

Date leak was discovered _____ Date leak repaired _____

Please attach the receipt/invoice for the repair(s).

By signing this request, I certify that I understand the terms and conditions of the City of Folkston Leak Adjustment Policy and acknowledge that I will not be eligible for any additional leak adjustments for a minimum of 12 months. Any exceptions must be approved by the City Manager.

Customer Signature

Date

-----OFFICE USE ONLY-----

Amount of Adjustment given \$ _____ Date _____

Reviewed & Approved by _____

CITY MANAGER