PASADENA Water&Power

WATER LEAK ASSISTANCE REQUEST

PLEASE COMPLETE ALL SECTIONS.

1. CUSTOMER NAME _____

2. ADDRESS _____

3. PHONE NUMBER _____ 4. ACCOUNT NUMBER_____

5. DATE OF REQUEST_____ 6. DATE LEAK DETECTED _____

7. BILLING PERIOD(S) OF REQUESTED ADJUSTMENT _____

_____

LEAK INFORMATION

8. DID YOU FILE AN INSURANCE OR WARRANTY CLAIM? YES/NO _____

IF YES, WHAT IS THE STATUS OF THE CLAIM? _____

9. LEAK LOCATION _____

10. REASON/CAUSE FOR LEAK: _____

_____

11. COPY OF REPAIR INVOICE ATTACHED? YES/NO _____

IF NO, PROVIDE A REASON _____

_____

12. DESCRIPTION (PLEASE INCLUDE PHOTOS IF AVAILABLE, USE A SEPARATE SHEET IF NEEDED)

_____

_____

SIGNATURE _____ **DATE** _____