

APPLICATION FOR LEAK ADJUSTMENT

EMAIL utilitybill@oshkoshwi.gov PHONE 920-232-5325

This leak adjustment application **MUST** be filled out **COMPLETELY** and received at the Utility Accounting office (Room 106) in City Hall within 3 months of the repair to be considered for a leak adjustment credit. The credit will only apply to the last three billing periods ending with the repair date.

Account number: _____

Applicant name: _____

Address: _____

Phone number: _____

Email address: _____

Date leak was repaired: _____

Type of leak or repair: _____

Do you know how long the leak was going on? _____

Where did the water go? (exp down drain) _____

Who did the repair? _____

Number of people living here? _____

Any water changes in the last year or going forward for the next month? _____

(exp: occupancy, water savers installed, watering)