

APPLICATION FOR LEAK PROTECTION ADJUSTMENT

NAME: _____ **DATE:** _____
LAST FIRST MIDDLE

ADDRESS: _____
NUMBER STREET CITY STATE ZIP

TELEPHONE NUMBER: _____ **ACCOUNT NUMBER:** _____

Adjustment requested for what billing date(s): _____

Briefly describe why you are applying for an adjustment: _____

Date of repair: _____

A P P L I C A N T S I G N A T U R E

SECTION B: (To be completed by Plumber)

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
NUMBER STREET CITY STATE ZIP

BUSINESS TELEPHONE: _____ **STATE CERTIFICATE NO:** _____

Briefly describe work performed: _____

Identify the location of the water leak: _____

Materials/equipment used: _____

Price charged for plumbing service: _____

ATTACH INVOICE

The City of Cedartown reserves the right to inspect the repair(s) stated in application. Allow ten days
For action by the City.

I hereby state that the above information concerning my application for sewer bill adjustment by the City of
Cedartown is factual and correct to the best of my knowledge.

P L U M B E R S I G N A T U R E

THIS SECTION IS FOR JOURNAL ENTRY PURPOSES AND IS TO BE PREPARED BY THE CITY.

ACTION TAKEN: _____

AMOUNT: \$ _____

CITY CLERK

CITY MANAGER (if exceeds \$500.00)