



**Water Leak Adjustment Request Form**

Customer's Name as listed on Account: \_\_\_\_\_ Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date(s) of Bill(s) containing water volumes associated with the leak: \_\_\_\_\_ Leak Repair Date: \_\_\_\_\_

**The Water Leak Adjustment Request Form and documentation of repairs must be received within sixty (60) days of the due date listed on the Customer's utility bill for the period in which the leak occurred.**

◆ What was the source of the leak?

◆ Describe what was done to fix or correct the water leak problem(s). Proof of repair is required and must be submitted with this form (ie. plumber itemized invoice, repair parts itemized receipt, or other documentation supporting any repairs).

◆ Has a water leak adjustment been requested or made for this service address during the last year?

No Yes If Yes, when? \_\_\_\_\_

◆ If residential, how many people reside at the service address? \_\_\_\_\_

◆ Was the premises vacant or unoccupied when leak occurred? Yes No

◆ If yes, please provide the period of time of the vacancy: \_\_\_\_\_

As the Customer for the above listed service address, I hereby apply for a billing adjustment under the Charles Town Utility Board Water Leak Adjustment Program. I confirm that the above and any attached information is true and accurate. I also acknowledge and understand that only two water leak adjustments may be applied to my utility account in any 12 month period.

Customer's Name: \_\_\_\_\_ (Please print) Date: \_\_\_\_\_

Customer's Signature: \_\_\_\_\_ Click to accept\*

\* By accepting, you are signing this electronically. You agree that your electronic signature is the legal equivalent of your manual signature.

Rules governing the CTUB Water Leak Adjustment Program are located at [www.ctubwv.com](http://www.ctubwv.com) and [www.psc.state.wv.us](http://www.psc.state.wv.us). If you need additional information please call us at (304) 725-2316. To complete the application for a water leak adjustment, please submit this form and any accompanying documentation to:

Charles Town Utility Board  
Customer Billing – Water Leak Adjustment Program  
661 South George Street, Suite 101  
Charles Town, WV 25414

You may also email your completed application including documentation of how the leak was fixed (receipts, invoice, etc.) to the attention of:  
Customer Billing – Water Leak Adjustment Program  
Email: [info@ctubwv.com](mailto:info@ctubwv.com)

**If you choose to fax or email your application, you willingly accept all risks related to the interception, misaddressed, mis-delivered, or otherwise unsecured transmissions.**