**LEAK ADJUSTMENT FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby agree that South Blount County Utility District has granted me/us an adjustment for an excessive water bill. I understand that this adjustment consists of one month’s average bill plus a rate of $1.00/1000 gallons of the incurred leak which may have occurred over a one- or two-months period of time. It is understood and agreed that this is a one-time per year adjustment. I understand I will not be eligible for another adjustment within the 12 months following this leak. If another leak occurs within that 12-month period, I will be responsible for the entire leak.

Note: Leak adjustment must be at least $25.00

Total Consumption of the bill \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Less: Average bill (6-month average) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total leak \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consumption X $1.00/1000 gallons \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

+Average bill \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total amount due (before tax) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

+Tax (9.75%) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Due \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Adjustment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ I ACKNOWLEDGE THAT THE ABOVE POLICY HAS BEEN EXPLAINED TO ME BY \_\_\_\_\_\_\_ AND I FULLY UNDERSTAND THE TERMS OF THIS AGREEMENT.