



**LOSS OF WATER BY CUSTOMER
FORM**

Date _____

Account Number _____

Name of Customer _____

Phone Number _____

Service Address _____

Reason for Adjustment _____

Location of Problem _____

Date Problem was noticed _____

Date repaired _____

Who made repairs? _____

Other Comments _____

Signature _____

Request form maybe emailed to winklerp@cityofleonard.net