THE CITY OF

New Albany Municipal Utilities

303 Scribner Drive, Suite 101 New Albany, IN 47150 Phone: 812-948-5399 Fax: 812-948-5344

www.cityofnewalbany.com

LEAK ADJUSTMENT INFORMATION

Please read this sheet **ENTIRELY** before submitting a leak adjustment request.

Please check off each item before submitting the requi	est to the sewer office.
LEAK ADJUSTMENT FORM FILLED OUT COMPLETELY	
PROOF OF REPAIR INCLUDED	
WATER CONSUMPTION HAS GONE BACK TO NORMAL	
REGULAR PAYMENTS MADE	
 Please attach proof of repair (receipts, plumbing of repair, please explain in detail why. Examples parts on hand. You have insurance and you were have a letter from your water company, please in 	Repair by you or someone else with not provided with an invoice. If you
 Once your water consumption has gone back to presented to the Sewer Board. 	normal your leak adjustment will be
 Pay what your "normal" or average bill would be be processed. Penalties assessed as a result of your after the adjustment is granted. 	· , ,
 No adjustments shall be made for toilet leaks. 	

ALL ADJUSTMENTS ARE SUBJECT TO THE APPROVAL OF THE NEW ALBANY SEWER BOARD