



# New Albany Municipal Utilities

## LEAK ADJUSTMENT REQUEST

DATE \_\_\_\_\_

ACCOUNT NAME \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_

WHERE ON YOUR PROPERTY DID THE LEAK OCCUR? (EXAMPLE: AT THE METER, MAIN LINE, KITCHEN, ETC.)

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WHERE DID THE WATER GO? (EXAMPLE: YARD, BASEMENT FLOOR. ETC)

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DO YOU HAVE A FLOOR DRAIN OR SUMP PUMP    YES    NO    (CIRCLE ONE)

TO WHERE DOES THE FLOOR DRAIN OR SUMP PUMP DRAIN? \_\_\_\_\_

WHEN DID THE LEAK OCCUR? (APPOXIMATE DATES) \_\_\_\_\_

WHO REPAIRED THE LEAK? \_\_\_\_\_

ADDITIONAL COMMENTS OR DETAILS

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