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REQUEST FOR LEAK CREDIT

SERVICE ADDRESS: _____ **ACCOUNT NUMBER:** _____

Status of Customer: Owner Owner/Landlord Tenant Agent Other _____

CUSTOMER INFORMATION:

Customer Name: _____
 Mailing Address (if different): _____
 City: _____ State: _____ Zip Code: _____
 Cell Phone: _____ Work Phone: _____ Other Phone: _____
 E-Mail Address: _____

LEAK REPAIR DATE: _____

LEAK LOCATION: _____

DESCRIPTION OF LEAK AND HOW LEAK WAS FIXED: _____

POLICY –PG. 18 FROM RULES AND REGULATIONS: Adjustment of Bills Due to Leak:

The Utility shall consider adjustments to bills for water leaks on the Customer’s side of the water meter where:

The Customer

- The leak did not result from a willful or negligent act on the part of the customer.
- The customer can demonstrate the leak was repaired within 30 days of discovery.
- The customer has not received a leak adjustment within the past 24 months.
- The customer completes and submits a “Request for Leak Credit” form, along with proof of the repair, within 30 days of making the repair.

The Utility

- Will only issue credit for actual water delivered.
- Will not issue credit in excess of \$500; \$500 is the maximum credit that may be issued.
- Will only issue a credit on the Customer’s account, no cash credit may be issued.
- Will not issue credit for leaks related to water features (fountains, ponds, etc.), swimming pools, hot tubs, and water supplied equipment or systems.
- Will not issue credit for more than one billing period.
- Assumes no responsibility for damage, repairs or inspections necessitated by leaks.

By signing this form, you have read and understand the Policy from our Rules and Regulations.

Customer’s Signature: _____ **Date:** _____

***** COPIES OF RECEIPTS MUST BE ATTACHED *****

FOR GWC OFFICE USE ONLY:

Service Order Created: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE: _____	Service Order #: _____
Check Sensus Analytics Confirm Repair	DATE: _____	Leak Repaired : <input type="checkbox"/> YES <input type="checkbox"/> NO
Service Order Created: LEAK REPAIR CHECK	DATE: _____	Service Order #: _____
Customer Notes: Leak Notices (sent dates & gal per hour): _____		
Leak Credit Issued: <input type="checkbox"/> YES <input type="checkbox"/> NO _____	AMOUNT: _____	Letter Sent Date: _____
Casefile Updated: _____	Employee Issuing Credit: _____	