



Town of Little Elm - Water Leak Adjustment Request Form

This form does not guarantee that a credit will be applied to customer's water utility account. In accordance with the TOLE Code of Ordinances, Section 21-149, the customer is responsible for all water that flows through the meter and is notified when a Town representative discovers a leak. As inducement to timely repair, the customer may be offered a credit for a portion of the charges that resulted from the leak. This process is extended as a courtesy to our customers/citizens and is not an entitlement.

Only one (1) adjustment is allowed in a twenty-four (24) month period after a water leak has been repaired. To apply for an adjustment, please complete this form and provide a dated receipt as evidence of high consumption. If you are unable to supply a receipt, a letter explaining the repair with a signature *may be considered*. Please note account adjustments will only be analyzed for water usage to a maximum term of two billing cycles. The adjustment is calculated when a clean read is received without any period of the leak to ensure it has been repaired or corrected. The customer must request an adjustment in writing within thirty (30) days from the date of the water bill (to which the adjustment will be made) was issued. The process can take up to 60 days as we need to determine the leak is repaired.

Items Customer Service Reps look at in qualifying a customer's leak adjustment request:

- Verify customer meets 24 month criteria in STW system.
- Verify the repair date on the invoice, receipt or letter.
- Is the repair bill legible (in English, able to read the print)?

Customer Name:		Acct #:	
Service Address:		Phone #:	Email Address:
Type of Leak: <input type="checkbox"/> Irrigation <input type="checkbox"/> Toilet <input type="checkbox"/> Pipe <input type="checkbox"/> Other: _____			
Date Leak Occurred:		Date Leak Repaired:	
Required Documentation (including this form)		Date of Submittal: _____	
Copy of repair invoice attached (if repaired professionally) or Copy of receipt(s) attached (if repaired by owner/tenant or agent) or Detailed letter explaining the repair with signature		Yes	No
		Yes	No
		Yes	No

Brief description of leak and action taken to repair: _____

The residential customer must request an adjustment in writing within 30 days from the date the water bill (to which the adjustment will be made) was issued.

Please return this form and documentation to:

Town of Little Elm
Attention: Utility Billing
100 W. Eldorado Pkwy
Little Elm, TX 75068

Email: LEFinance-UtilityBilling@littleelm.org

Please feel free to contact Utility Billing at 214-975-0480, if you have any questions.

Customer Service Reps.: Please give this form and a copy of repair documentation to Billing Team.

Town of Little Elm - Water Leak Adjustment

(This side is for Town Staff Only – Please do not write on this side of the form)

Customer Name:		Acct #:	
Service Address:		Phone #:	Email Address:
Date Leak Occurred:		Date Leak Repaired:	
Verification of 24 month criteria <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of leak:	
Detail Report Date:		Adjustment Period: <i>date of two billing cycles</i>	
Verify the repair date on the invoice, receipt or letter <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Required support attached</i>			
Comments:			
Sewer Averaging Review: <input type="checkbox"/> Yes <input type="checkbox"/> No		Do they meet the 30 day test? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Water Consumption Data			
1 st month _____	Usage _____	Billing Charge \$ _____	
2 nd month _____	Usage _____	Billing Charge \$ _____	
Data for averaging consumption			
1 st month _____	Usage _____		
2 nd month _____	Usage _____		
Calculation			
Rate _____% (<i>not to exceed a maximum rate of 50% of the excess water usage charge based on the consumption history excluding the fixed minimum water or sewer charge</i>)			
Total Adjustment: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Customer Service Rep:	
\$ _____			
Approved By:		Date:	
CFO or AFD: (> \$100)		Date:	