



PASADENA
Water & Power

ATTACHMENT B

WATER LEAK ASSISTANCE
REQUEST

PLEASE COMPLETE ALL SECTIONS

- 1. CUSTOMER NAME _____
- 2. ADDRESS _____
- 3. PHONE NUMBER _____ 4. ACCOUNT NUMBER _____
- 5. DATE OF REQUEST _____ 6. DATE LEAK DETECTED _____
- 7. BILLING PERIOD(S) OF REQUESTED ADJUSTMENT _____

LEAK INFORMATION

- 8. DID YOU FILE AN INSURANCE/WARRANTY CLAIM? YES / NO _____
- IF YES, WHAT IS THE STATUS OF CLAIM? _____

9. LEAK LOCATION _____

10. REASONS/CAUSE FOR LEAK: _____

9. COPY OF REPAIR INVOICE ATTACHED? YES / NO _____

IF NO, PROVIDE A REASON _____

11. DESCRIPTION (PLEASE INCLUDE PHOTOS IF AVAILABLE, USE A SEPARATE SHEET
IF NEEDED) _____

SIGNATURE _____ DATE _____

USAGE INFORMATION (TO BE COMPLETED BY WATER AND POWER STAFF)

12. USAGE DURING APPLICATION BILLING PERIOD _____

13. USAGE LAST YEAR _____ 14. USAGE 2 YEARS AGO _____

15. CALCULATED WATER LOSS _____

APPROVAL

16. APPROVING LEAK ASSISTANCE? YES / NO _____

17. REASON FOR APPROVAL / DENIAL _____

18. IF APPROVED, AMOUNT TO BE CREDITED \$ _____ 19. DATE CREDITED _____

APPROVED BY _____ **DATE** _____