

City of Andrews  
Leak Repair Refund Policy  
**CLAIM FORM**

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To be considered for a credit under the City of Andrews Leak Repair Refund Policy, the customer must submit this form in its entirety to the Director of Finance.

Customer Name: \_\_\_\_\_  
Customer Account Number: \_\_\_\_\_  
Address of reported leak: \_\_\_\_\_  
Estimated date leak detected: \_\_\_\_\_  
Possible cause of leak: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Lic. Plumber repairing leak\*: \_\_\_\_\_

\* Please attach a copy of the licensed plumber's invoice performing the repair. The invoice should include the date of the repair, the location/address of the repair, the details of the repair, and the amount paid for the repair.

\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_  
Date Signed

For City of Andrews Purposes Only:	
Date Claim received:	_____ by _____
Date of interrogation:	_____ by _____
Did interrogation support a leak and effective repair on dates indicated? _____	
Claim calculation:	
Amount of Utility bill(s) in question:	\$ _____
Less: Average of past 3 Utility Bills:	\$ _____
Excessive Charges eligible for credit:	\$ _____
% Credit eligible per Policy:	_____ %
Amount of Credit (max. of \$250):	\$ _____
Director of Finance Approval: _____	