

City of Andrews
Leak Repair Refund Policy
CLAIM FORM

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: _____	