

CITY OF CAMERON

44 MAIN STREET, CAMERON, WEST VIRGINIA 26033 PHONE: 304-686-2366 FAX: 304-686-4706

Water Leak Adjustment Request Form

Customer's Name as listed on Account: _____ Account Number: _____
Service Address: _____
Telephone Number: _____ Leak Repair Date: _____
Date(s) of Bill(s) containing water volumes associated with the leak: _____

The Water Leak Adjustment Request Form and documentation of repairs must be received within sixty (60) days of the due date listed on the Customer's utility bill for the period in which the leak occurred.

- What was the source of the leak?

- Describe what was done to fix or correct the water leak problem(s). Proof of repair is required and must be submitted with this form (ie. Plumber itemized invoice, repair parts itemized receipt, or other documentation supporting any repairs).

- Has a water leak adjustment been requested or made for this service address during the last year?
 - No**
 - Yes** If Yes, When? _____
- If residential, how many residential, how many people reside at the service address? _____
- Was the premises vacant or unoccupied when leak occurred? _____ Yes _____ No
- If yes, please provide the period of time of the vacancy: _____

As the Customer for the above listed service address, I hereby apply for a billing adjustment under the Charles Town Utility Board Water Leak Adjustment Program. I confirm that the above and any attached information is true and accurate. I also acknowledge and understand that only two water leak adjustments may be applied to my utility account in any 12-month period.

Customer's Name: _____ (Please Print) Date: _____

Customer's Signature: _____ Check to accept _____

*By accepting, you are signing this electronically. You agree that your electronic signature is the legal equivalent of your manual signature.

Rules governing the City of Cameron Water Leak Adjustment Program are located at www.psc.state.wv.us. If you need additional information, please call us at (304) 686-2366. To complete the application for a water leak adjustment, please submit this form and any accompanying documentation to:

City of Cameron
Customer Billing – Water Leak Adjustment Program
44 Main Street
Cameron, WV 26033

You may also email your completed application including documentation of how the leak was fixed (receipts, invoice, etc.) to the attention of:

Customer Billing – Water Leak Adjustment Program
Email: sneely@cameronwv.gov

If you choose to fax or email your application, you willingly accept all risks related to the interception, misaddressed, mis-delivered, or otherwise unsecured transmissions.