



**LEAK ADJUSTMENT REQUEST FORM**

Please note that JCSUD only absorbs a portion of the water leak.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Contact Number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

When Was the Leak Found: \_\_\_\_\_

When was the Leak Fixed: \_\_\_\_\_

Detailed Description of the Leak & Location (Please attach additional pages if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Please attach or send copies of any receipts or plumbing bills related to your leak adjustment request.

Please return to [helpinfo@jcsud.com](mailto:helpinfo@jcsud.com)

<b>Office Use Only:</b>	
Parcel Number: _____ - _____ - _____	
Clerk: _____	Date Received: _____