



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 Katelyn Minchey at KMinchey@jcsud.com

Office Use Only:	
Parcel Number: _____ - _____ - _____	
Clerk: _____	Date Received: _____