



www.ruralmembershipwater.com
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PWSID # 5210009

LEAK ADJUSTMENT REQUEST

Date of Request:

Account #:

Location #:

Name:

Service Address: _____

Reason for adjustment: _____

Has the leak been repaired? _____

Please sign, date and return this form to RMWC's office via mail, drop box or email to helpdesk.rmwc@gmail.com. By signing this document, you acknowledge that you understand that you can receive only *one leak adjustment every three years*, by order of the Board of Directors on October 7, 2008.

Signature: _____ RMWC Authorized Signature: _____

Date: _____ Authorized/Adjusted Date: _____

1st month leak adjustment: _____ gallons = \$ _____ X 25%
= \$ _____ adjusted off when paperwork received back in office.

New Balance after adjustment \$ _____

2nd month leak adjustment: _____ gallons = \$ _____ X 25%
= \$ _____ adjusted off when paperwork received back in office.

New Balance after adjustment \$ _____

Payment plan requested (yes)____/(no)_____

Please pay your monthly usage after leak is fixed plus payment on leak. Payments must be received every month to avoid possible disconnection.