

BEAUMONT

Finance

LEAK REPAIR ADJUSTMENT APPLICATION

Application shall be made and submitted to the Customer Service Division. This courtesy Form must be submitted within 60 days from the date of repair completion, with a limit to 2 considerations within a 12 month period. The customer will be required to provide receipt(s) for part(s) or billed invoice from plumber/company. This application will be in a 90 day review process to determine approval or denial. **The customer will be responsible for billed usage, while the adjustment process is pending. Failure or refusal to pay bill can result in disconnection of service and additional service charges.** The Customer Service Division reserves the right to inspect all repairs pertinent to this application.

Form must be completed and the following attachment(s) provided: proof of work performed, billed invoice for repair from plumber/company. Return to City of Beaumont, Water Customer Service, PO Box 3827, Beaumont Texas 77704. This form must be signed by the person shown on the water billing records.

Account Name: _____

Service Address: _____

Phone Number: (____) _____

CUSTOMER ID _____

LOCATION ID _____

DATE PLUMBING BROKE _____

REPAIRED DATE _____

REPAIRED BY _____

Location and Type of Plumbing Repaired _____

I hereby affirm that the above information is true and correct

Signature

Drivers License Number

Date

Cy/Rt ____/____