

WEST WARREN-VIOLA UTILITY DISTRICT
REQUEST FOR ADJUSTMENT

Date: _____

Name: _____

Account Number: _____

Automatic Bank Draft: Yes/No (circle one)

Phone Number: (____) _____

Date leak occurred: _____

Date leak repaired: _____

Location of leak: _____

Leak above or below ground: _____

Detailed description of leak: _____

Any additional information: _____

Customer's Signature: _____