

**NASHVILLE MUNICIPAL UTILITIES
REQUEST FOR WATER/SEWER LEAK ADJUSTMENT**

Customer Information

Name on Account: _____ Account Number: _____

Contact Phone # _____ Service Address _____

Mailing Address _____ Email Address _____

Leak Repair Information

Date Leak Discovered: _____ Dated Leak Repaired: _____

Description of Leak: _____

Repaired by; circle one below (Documentation attached to form)

Customer Contractor

PLEASE NOTE: Completion of this form does not guarantee adjustment will be made to your bill. All adjustments issued based on average usage for previous account history and are credited on your bill. Once the review is complete, you will receive notification of the results by phone or email from the NMU Billing Office. We cannot guarantee approval /denial on current bill. All adjustments are approved by the Utility Service Board once a month. Please return the completed form to Nashville Municipal Utilities along with required documentation.

I have read, understand, and agree with the leak adjustment guidelines.

Signature: _____ Date Submitted: _____

For Office use only:

Dated received: _____

Date of approval /denial: _____

Average usage: _____

Current usage: _____

Water bill: \$ _____ Adjustment: \$ _____ Customer owes: \$ _____

Sewer bill: \$ _____ Adjustment: \$ _____ Customer owes: \$ _____

Adjusted total: \$ _____ Total new bill: \$ _____