



**Water Leak Adjustment Request Form**

Customer's Name as listed on Account: \_\_\_\_\_ Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date(s) of Bill(s) containing water volumes associated with the leak: \_\_\_\_\_ Leak Repair Date: \_\_\_\_\_

**The Water Leak Adjustment Request Form and documentation of repairs must be received within sixty (60) days of the due date listed on the Customer's utility bill for the period in which the leak occurred.**

◆ What was the source of the leak?

◆ Describe what was done to fix or correct the water leak problem(s). Proof of repair is requested and should be submitted with this form (ie. plumber itemized invoice, repair parts itemized receipt, or other documentation supporting any repairs). In the absence of documentation of repair, Colorado Springs Utilities will accept the Customer's signature below as an affirmation that repairs have been completed for residential customers and non-residential customers receiving an average of less than 50,000 cf of water per month. Non-residential customers receiving an average of more than 50,000 cf of water per month must provide documentation.

◆ Has a water leak adjustment been requested or made for this service address during the last three years?

No  Yes If Yes, when? \_\_\_\_\_

◆ If residential, how many people reside at the service address? \_\_\_\_\_

◆ Was the premises vacant or unoccupied when leak occurred?  Yes  No

◆ If yes, please provide the period of time of the vacancy: \_\_\_\_\_

As the Customer for the above listed service address, I hereby apply for a billing adjustment under Colorado Springs Utilities' Water Leak Adjustment Program. I confirm that the above and any attached information is true and accurate. I also acknowledge and understand that only two water leak adjustment may be applied to my utility account in any 36 month period.

Customer's Name: \_\_\_\_\_ (Please print) Date: \_\_\_\_\_

Customer's Signature: \_\_\_\_\_  Click to accept\*

\* By accepting, you are signing this electronically. You agree that your electronic signature is the legal equivalent of your manual signature.

Rules governing the Water Leak Adjustment Program are located in the billing section of the Rules and Regulations within Colorado Springs Utilities' Tariff. If you need additional information please call us at 448-4800. To complete the application for a water leak adjustment, please submit this form and any accompanying documentation to:

Colorado Springs Utilities  
Customer Billing – Water Leak Adjustment Program  
P.O. Box 1103, Mail Code 1025  
Colorado Springs, CO 80947-1025

You may also fax or email your completed application including documentation of how the leak was fixed (receipts, invoice, etc.) to the attention of:

Customer Billing – Water Leak Adjustment Program  
Fax: (719) 668-8226 or Email: [CustomerBilling@csu.org](mailto:CustomerBilling@csu.org)

**If you choose to fax or email your application, you willingly accept all risks related to the interception, misaddressed, mis-delivered, or otherwise unsecured transmissions.**