

Hilton Head PSD Water Leak Adjustment Form



| | | | |
|---|------------------|------------|-----------|
| Customer's Name as listed on Account | | | |
| | | | |
| Service Address | Account Number | | |
| | | | |
| Date(s) of Bill(s) containing water volumes associated with the leak | Telephone Number | | |
| | | | |
| 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 (i.e. plumber itemized invoice, repair parts itemized receipt, or other documentation supporting any repairs). In the absence of documentation of repair, Hilton Head PSD 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 300,000 gallons of water per month. | | | |
| | | | |
| Has a water leak adjustment been requested or made for this service address during the last four years? Note: We can complete two adjustments every four years for a premise and leak adjustments will cover no more than two (2) consecutive months. | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Yes</td> <td style="width: 50%;">No</td> </tr> </table> | | Yes | No |
| Yes | No | | |
| 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 a Customer for the above listed service address, I hereby apply for a billing adjustment under the Hilton Head PSD Water Leak Adjustment Program. I confirm that the above and any attached information is true and accurate. I acknowledge and understand that only two water leak adjustment may be applied to my utility account in any 48-month period. I also acknowledge and understand that the PSD is not responsible for monitoring customer usage, notifying customers of leaks, locating leaks, or repairing leaks on the customer side of the meter and that the leak adjustment requested will reduce my excess usage for the allowable period to the lowest billing tier but will not eliminate usage charges for excess water consumed.

Customer Name:

Date: