



PO Box 194
Riverside, TX 77367
Phone: 936-594-5793

REQUEST FOR LEAK ADJUSTMENT

I, _____ request to use the

25% off **50% off** **Catastrophic**

leak adjustment due to a leak in _____ (Month/Year)

for my account located at _____.

Please see attached receipts and/or pictures of fixed leak.

To qualify for relief from large leaks, the usage must be **at least twice the customer's 12-month average bill**. Once RSUD notifies customer of high usage, customer has five (5) business days to provide acceptable proof of repair, which would include plumber receipt, parts receipts or photographic evidence. Once receipt or photo is received by RSUD, we will get an updated reading to be applied to the entire leak adjustment. If proof of leak **HAS NOT** been received by RSUD within the five (5) business days the customer forfeits relief. ****This is to cut down on the leak rolling over into multiple billing cycles****

1st occurrence in a 2-year period. Take a 12-month average usage plus the minimum bill (or as long as the account has been active if less than 12 months) and 50% of the usage over the average. Payments can be made over time if necessary.

2nd occurrence in a 2-year period. Take a 12-month average usage plus the minimum bill (or as long as the account has been active if less than 12 months) and 75% of the usage over the average. Payments can be made over time if necessary.

In the event of a catastrophic leak, where the consumption is 20 times the customer's average bill, the customer will pay the minimum bill plus a 12-month average (or as long as the account has been active if less than 12 months).

In the event of a 2nd catastrophic leak, within a 2-year period, customer must appear before the Board for approval of any relief.

Date _____

Account# _____

Customer Name: _____
(Printed)

Mailing Address: _____

Phone #: _____

Customer Signature: _____ RSUD Representative: _____