

Leak Adjustment Request



Today's Date:

Account number:

Location Address:

I _____ had a leak on my property located in
Customer Name

_____. Please refer to the attached receipt showing that the
Location of Leak

repairs have been completed. I am requesting for my account to be reviewed to determine if it qualifies for a leak adjustment.

*****Please read and initial the following statements*****

_____ I understand that submission of this request does not automatically qualify my
Initials account for an adjustment.

_____ I understand that during the review of my account, I am responsible to pay or make
Initials payment arrangements with regards to the balance on my account.

Customer Signature: _____

Contact Phone Number: _____

****You may send attachments to Waterbilling@pearlandtx.gov or bring in a physical copy to our offices at 3523 Liberty Dr. or 2555 Cullen Parkway.**