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Water Leak Adjustment Request Form

Due to a leak at my residence, I am requesting a water leak adjustment. I have repaired the leak and have presented proof of the repair. I understand that I am not eligible to receive any other leak adjustment within 365 days from the date that the water leak adjustment was applied. In addition, I agree to allow Maury County Water System employees to make an onsite inspection to verify the location of the documented leak.

* Date of Request

* Account Number

* Customer Name

* Telephone Number

* MCWS Service Address

* City * State * Zip

Please answer the following questions completely. Failure to provide all information may delay review of water leak adjustment request.

1. What date was the leak first discovered? _____

2. How was the leak discovered? _____

3. Give a brief description of the location of the leak: _____

4. What date was the leak repaired? _____

Please attach a copy of proof that the leak was repaired (picture, plumber's receipt, etc.).

By signing below, I hereby certify that all of the information given above is correct to the best of my knowledge.

Signature: _____

Date: _____

Office Use Only

This request qualifies for a leak adjustment under the current Leak Adjustment Policy.

This request does NOT qualify for a leak adjustment under the current Leak Adjustment Policy due to the following reason(s):

MCWS
Signature: _____

Date: _____