

**Jonesboro Utilities**  
**Water Leak Adjustment Application**

Account Name: \_\_\_\_\_ Account Number \_\_\_\_\_

Service Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date (s) of Bill (s) Showing Water Volume In Question: \_\_\_\_\_

Leak Repair Date: \_\_\_\_\_

**The Jonesboro Utilities must receive documentation of repairs and this application within one hundred eighty (180) days of the date of the water leak repair. (See Water Leak and Unaccounted for use Adjustment Policy for a complete list of Requirements.**

What was the source of the leak? \_\_\_\_\_

\_\_\_\_\_

Please describe how the problem was fixed and/or corrected. \_\_\_\_\_

\_\_\_\_\_

The City did come out to verify that there was a leak? \_\_\_\_\_ Y \_\_\_\_\_ N

The City came back out to verify the leak was fixed? \_\_\_\_\_ Y \_\_\_\_\_ N

**REQUIRED: Please submit proof of repair with this form (i.e. plumber itemized invoice or repair parts itemized receipt).**

In the past twelve (12) months, have you requested a water leak adjustment for this address? NO \_\_\_\_\_ YES \_\_\_\_\_ If yes when? \_\_\_\_\_

\_\_\_\_\_

How many people reside at this address? (Residential only) \_\_\_\_\_

Was the premises vacant or unoccupied when leak occurred? Y \_\_\_\_\_ N \_\_\_\_\_

If yes, please provide the dates of the vacancy? \_\_\_\_\_

I hereby apply for a billing adjustment under the Jonesboro Public Utility Agency Wastewater Systems Schedule for Rates, Fees, Charges, Terms and Conditions of Wastewater Services. I understand no adjustment is allowed for water. I confirm the above and any attached information is true and accurate. I acknowledge and understand that a maximum of one water leak adjustment may apply to my utility account in any 12 month period.

By signing this request, I certify that I understand the terms and conditions of the Jonesboro Leak Adjustment Policy.

Customer Name: (print) \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

If you need additional information, please call Customer Service at (765) 674-1196. To complete the application for a water leak adjustment, please submit this form and any accompanying documentation to the following:

City of Jonesboro Public Utility Dept.  
414 S Main Street  
Jonesboro, IN:46938

You may also fax or email your completed application:

Fax: (765) 674-6962  
Email: [jbilling1@jonesboroindiana.net](mailto:jbilling1@jonesboroindiana.net)

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

#### UTILITY OFFICE

Forward

- \_\_\_\_\_ Application requesting leak adjustment/ sworn affidavit (if required)
- \_\_\_\_\_ Customer Account number attach detail consumer report.
- \_\_\_\_\_ Attach any work order related to adjustments request.
- \_\_\_\_\_ Other important information.