­

******PLACE LOGO

HERE,

OTHERWISE
DELETE BOX

CUSTOMER SERVICE

www.cityofnewalbany.com

Phone: 812.948.5399

Fax: 812.948.5344

303 SCRIBNER DR

STE 101

NEW ALBANY IN 47150

**LEAK ADJUSTMENT REQUEST**

**DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ACCOUNT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SERVICE ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WHERE ON YOUR PROPERTY DID THE LEAK OCCUR? (EXAMPLE: AT THE METER, MAIN LINE, KITCHEN, ETC.)**

**WHERE DID THE WATER GO? (EXAMPLE: YARD, BASEMENT FLOOR. ETC)**

**DO YOU HAVE A FLOOR DRAIN OR SUMP PUMP YES NO (CIRCLE ONE)**

**TO WHERE DOES THE FLOOR DRAIN OR SUMP PUMP DRAIN?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHEN DID THE LEAK OCCUR? (APPOXIMATE DATES**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHO REPAIRED THE LEAK?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDITIONAL COMMENTS OR DETAILS**

New Albany Municipal Utilities