

Town of Brighton

Water/Sewer Department – Sewer Adjustment Request

Customer Name: _____

Service Address: _____

Account Number _____

Home Phone: (_____) _____ - _____

Cell Phone: (_____) _____ - _____

Type of Leak and Location: _____

Date Discovered: ____/____/20____ Date Repaired: ____/____/20____

Description of Repair Completed: _____

I hereby attest that the above reported leak and the associated repairs are accurate as presented. I request that the Town adjust my water and sewer bill according to the Towns' current Water Leak Adjustment Policy. I understand that my account is only eligible for one (1) leak adjustment for one (1) monthly bill in any twelve (12) month period.

Signature: _____ Date: ____/____/20____