



Town of Westlake

WATER LEAK REVIEW - ADJUSTMENT REQUEST FORM

Account Number: _____

Name: _____

Service Address: _____

Daytime Phone: _____

Office use only
Date Rcvd : _____
Approved: _____
Denied: _____
By: _____

PLEASE ALLOW 2 TO 3 MONTHS TO PROCESS THIS REQUEST
ANY ADJUSTMENT MADE WILL DISPLAY AS A CREDIT ON YOUR WATER STATEMENT

With this letter I am requesting an adjustment on my billing for (check all that apply):

- Lost consumption, due to leak
- Average winter consumption rate, due to leak
- Average winter consumption rate, due to filling pool

Date(s) of Leak(s) _____

Date of Repair/filling of pool _____

Brief description of situation:

***** REQUIRED : ATTACH ONE COPY OF ALL REPAIR DOCUMENTS *****

Customer Signature _____

Mail to: Town of Westlake – Customer Service
 1500 Solana Boulevard, Building 7, Suite 7200
 Westlake, Texas 76262

Or fax to: 817-430-1812