

# Verona S.U.D.

Verona Special Utility District  
408 W.FM 545 Suite 400  
Blue Ridge, Texas 75424  
www.veronawater.com

## Leak Adjustment Request Form

Account No. \_\_\_\_\_

Service Address \_\_\_\_\_

Daytime Phone No. \_\_\_\_\_

Verona S.U.D. ordinance allows for a Leak Adjustment credit because of loss of water through an "excusable defect" in the customer's water line. An excusable defect is due to a rupture or leakage caused by weather, settlement, corrosion, wear, or accident. **Visible leaks such as faucet and hose leaks are ineligible.** Credit may be given for one-half of the rate charged to usage in excess of the previous years average. This adjustment is limited to a maximum of two (2) consecutive months and must be requested within two (2) months of the repair. **Customers may apply for no more than one (1) leak adjustment in any twelve (12) month period.**

I, \_\_\_\_\_, am the Responsible Party for the account at the above service address.  
(Give full legal name and/or business identity)

I am asking the Verona S.U.D. to reduce the water bills for this account, to the extent allowed by the district ordinance because of a leak beginning on (date) \_\_\_\_\_ and repaired on (date) \_\_\_\_\_. The water lost from this leak was not used by anyone.

**IN ORDER TO PROCESS YOUR APPLICATION QUICKLY & EFFICIENTLY, PLEASE READ THE FOLLOWING CAREFULLY AND GIVE A COMPLETE AND CLEAR DESCRIPTION OF THE REPAIRS.**

Type of leak on customer's side of meter: \_\_\_\_\_

Description of repair: \_\_\_\_\_

Attach documentation of the repair date, address, type of repair, and cost. Acceptable documents include plumber's statement/bill or a receipt for parts. Businesses with in-house maintenance may submit a statement signed by two (2) employees who witnessed the repair.

If repaired by customer: Please complete the statement on the following page, sign and have this statement notarized.

In all cases the District retains the right to make field verifications before approving leak adjustments. You will be notified by mail generally within 30 days whether your request is approved or denied.

I am familiar with all of the facts stated in this document and they are true and correct. Making false statements on this government record is subject to criminal prosecution under Chapter 37 of the Texas Penal Code. I certify that this application and attached documents contain no false statements.

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of person requesting a leak adjustment: \_\_\_\_\_

Complete the form and return to Verona S.U.D. 408 W. FM 545 Suite 400 Blue Ridge, Texas 75424, or fax to 972-752-4029. Please call our office at 972-752-4016, if you have any questions.

STATE OF TEXAS

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, am the owner or tenant of the residence listed on this previous document. I acknowledge that I personally made the repairs to the leak at said residence.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

X \_\_\_\_\_  
Signature

Sworn to and acknowledged before me on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

X \_\_\_\_\_  
Notary Public, State of Texas

**(Personalized Seal)**

\_\_\_\_\_  
*For Utility Office Use Only*

Date Received: \_\_\_\_\_

Date Adjustment Reviewed: \_\_\_\_\_

Decision: \_\_\_\_\_ Adjustment Allowed \_\_\_\_\_ Adjustment Denied

Amount : \$ \_\_\_\_\_

Date Customer was Notified: \_\_\_\_\_

Type of Notification: \_\_\_\_\_ Letter \_\_\_\_\_ Phone \_\_\_\_\_ In Person

X \_\_\_\_\_  
Billing Clerk's Signature

\_\_\_\_\_  
Date