



Chester Water Authority

P.O. Box 467 • Chester, PA 19016-0467
(610) 876-8181 • FAX (610) 876-1657

Leak Adjustment Request Form

Date: ____/____/____ (Month/Day/Year)

Customer Number: _____ Account Number: _____

Name (as it appears on the water bill): _____

Service Address: _____

Bill Date for consideration under leak adjustment: _____

Leak Adjustment Procedure

- Completion of this form *does not guarantee* that a Leak Adjustment Credit will be issued.
- One leak adjustment every (3) years for Residential Customers due to a leak past the water meter that has caused their water consumption to increase by a minimum of **50% over the historical usage** for the same period. **No Adjustment will be considered for an increase in consumption due to a hose bib that was left running.**
- The leak adjustment request must be submitted within (90) days of the date of the water bill in which the leak occurred. Only one billing period will be considered for a leak adjustment.
- Customer must submit completed form along with all of the receipts associated with the repair to: Chester Water Authority, Attn: Leak Adjustment Program, P.O. Box 467, Chester, Pa. 19016-0467

Leak Adjustment Methodology

- The consumption portion of the water bill will be adjusted by charging the normal consumption at the regular step rate plus the additional consumption due to leakage at the lowest step rate. **Example:** Normal consumption is 10,000 gallons but due to a leak the consumption increased to 50,000 gallons for the billing period. Customer will be charged for the 10,000 gallons at the normal step rate and 40,000 gallons due to leakage at the lowest step rate plus the base charge.

Date Leak was repaired: ____/____/____ Leak Repaired By: _____

Location and type of Leak: _____

Name(Print): _____ Contact #: () -

Signature: _____ E-mail: _____

Note: Adjustment will not be considered nor processed without proof of repair.

To be completed by CWA

Approved Denied Reason: _____

CSR: _____ Date: _____