

**WEST WARREN-VIOLA UTILITY DISTRICT  
REQUEST FOR ADJUSTMENT**

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

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

Account Number: \_\_\_\_\_

Automatic Bank Draft: Yes/No (circle one)

Phone Number: (\_\_\_\_) \_\_\_\_\_

Date leak occurred: \_\_\_\_\_

Date leak repaired: \_\_\_\_\_

Location of leak: \_\_\_\_\_

Leak above or below ground: \_\_\_\_\_

Detailed description of leak: \_\_\_\_\_

\_\_\_\_\_

If the pipes were frozen, were the pipes insulated? Yes/No (circle one)

If the pipes were frozen underneath the house was the underneath of the house closed in? Yes/No (circle one)

Any additional information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Customer's Signature: \_\_\_\_\_