



CITY OF HOUSTON

Public Works and Engineering
Department

Utility Customer Service
P.O. Box 4863
Houston, Texas 77210-4863
www.houstontx.gov

Leak Adjustment Request Form

Account No. _____

Service Address _____

Daytime Phone No. _____

A City of Houston 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 average. This adjustment is limited to a maximum of three (3) consecutive months and must be requested within six (6) months of the repair. **Customers may apply for no more than two (2) leak adjustments 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 City of Houston to reduce the water bills for this account, to the extent allowed by city ordinance because of a leak beginning on (date) _____ and repaired on (date) _____. During this period, the following additional water appliances (washer, dishwasher, spa, etc.) were installed at the service address. State "NONE" if none were added: _____. 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.

In all cases the City retains the right to make field verifications before approving leak adjustments. You will be notified by mail generally within 90 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 Utility Customer Service, Accounting Section, P.O. Box 4863, Houston, Texas 77210-4863, or fax to 713-371-1098. Please call our Customer Service Center at 713-371-1400, if you have any questions.