



LEAK REIMBURSEMENT REQUEST

TODAYS DATE: _____

NAME: _____

UTILITY ADDRESS: _____

In the event of a reported and/or discovered leak by City staff on the consumer’s system, the consumer has fourteen (14) days to have the leak repaired or service may be shut off until repairs are made. Depending on the severity of the leak, shut-off timeframes may be adjusted.

The City will not be liable for any loss, damage or injury whatsoever caused by leakage, escape or loss of water after same has passed through the City’s meter (the “point of delivery”), nor shall the City be liable for any damage or loss resulting from a defect in the Customer’s piping or appliances.

The Customer with an identified leak at their property may forward to the City a copy of a repair invoice or receipt and a letter stating their request for an adjustment to their account.

The City reserves the right to deny such request or to adjust such account, depending on the type of leak, timing of the repair, notification from the City, and timing of the Customer’s request for the credit. Requests for adjustments not made within one billing cycle may not be eligible for adjustments. If such leak is found to be eligible for an adjustment, it will be based on charging only the lowest retail tier rate per thousand gallons.

DATE LEAK DISCOVER: _____ DATE LEAK FIXED: _____

LEAK FIXED BY: _____ CONTACT NUMBER: _____

****Please affix a copy of a letter stating your request for an adjustment to your account.****

PLEASE RETURN REIMBURSEMENT REQUEST AND LETTER TO CITY HALL AT 129 E ROSS
CLEARWATER, KS 67026 OR EMAIL JPOE@CLEARWATERKS.ORG

OFFICE USE ONLY

Copy of Invoice/ Receipts for fix received? _____ Request Letter received? _____

Approved Y/N _____ Approved by: _____

Amount of Refund if approved: \$ _____