



# Town of Columbus

PO BOX 146 · Columbus, NC 28722 · (828) 894 - 8236

## Leak Adjustment Policy

- 1) When it is discovered by a town employee that an unusually large amount of water has passed through a customer's water meter the customer shall be notified via phone and a written letter to document the excess usage by an official representative of the town.
- 2) Water wasted after the notification will be the sole responsibility of the customer.
- 3) If it can be documented that the excess usage is the result of a leak and after a Request for Adjustment Form has been completed by the customer, the following adjustments may be made on the customer's water account:
  - a) For customers with leaks below or equal to 200% of the six month average use, the customer will be required to pay the average water charge for the previous six months. The sewer charges, if applicable, will be averaged as well.
  - b) For customers with leaks greater than 200% of their six month previous average use, the customer will be required to pay the average water charge for the previous six months PLUS 25% of the leak amount. Sewer charges, if applicable, will be the average of the previous six months.
- 4) No more than two adjustments may be made to the same account in a twelve (12) month period, except that the Town Manager is authorized to allow more than two (2) water bill adjustments if, in his/her discretion, the additional adjustments are warranted by extenuating circumstances. The Manager must provide a written reason for this deviation to the Town Council.
- 5) The Town Manager is authorized to allow larger water bill adjustments or deny adjustments if, in his/her discretion, they are warranted by extenuating circumstances. The Manager must provide a written reason for this deviation to the Town Council.



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**Adjustment Request**

<b>For Office Use Only:</b>	
Acc #:	_____
Adjustment 1	<input type="checkbox"/> 2 <input type="checkbox"/>
Fiscal Year	_____

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Account Number: \_\_\_\_\_

Date(s) Leak Occurred: \_\_\_\_\_ Date Leak Discovered: \_\_\_\_\_

Location of Leak: \_\_\_\_\_

Repaired Leak:  Yes  No Date Repairs Complete: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Person or Company Responsible for Repairs in detail:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If a plumber or plumbing company made repairs, please attach a copy of the bill or invoice

\_\_\_\_\_  
 Customer Signature

\_\_\_\_\_  
 Apt Manager Signature

*For Town Use*

Account \_\_\_\_\_

Date called \_\_\_\_\_

Date mailed \_\_\_\_\_

Average Water: \_\_\_\_\_

Average Sewer: \_\_\_\_\_

Total Adjustment: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
 Town of Columbus Approval