

West Jackson County Utility District
LEAK CREDIT ASSISTANCE REQUEST

Account Name _____ Account # _____

Service Address _____

Telephone Number _____ Date Leak was Repaired _____

Description of Leak: _____

Description of Repairs: _____

I understand Leak Credit Assistance is limited to once every 12 months and that by applying for this credit I will not be eligible for another leak credit until 12 months have passed.

Signature _____ Date _____

***** For Office use only below this line *****

Average Usage: _____

Billed Usage: _____ (Residual) _____

Overage to Adjust _____ (Residual) _____

Water Credit _____ (Residual) _____

WJCUD Sewer Credit _____ (Residual) _____

JCUA Credit _____ (Residual) _____

Total Provisional** Credit _____ **Provisional Credit pending

Total Residual Provisional** Credit _____ Board Approval

Verified by _____ No leak alarm showing as of _____