



## Certification of Water Leak Repair

Utility Bill Account Number: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact E-Mail Address: \_\_\_\_\_

Service Address of Repaired Leak: \_\_\_\_\_

Date leak was discovered: \_\_\_\_\_

Where on the property did the leak occur? \_\_\_\_\_

Company who repaired the leak: \_\_\_\_\_

Company Address and Phone Number: \_\_\_\_\_

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

Cost of the repairs: \_\_\_\_\_

**A COPY OF THE COMPANY INVOICE MUST ACCOMPANY THIS FORM**

### **CERTIFICATION:**

I certify this request for a leak adjustment to my City of Mineral Wells utility bill is true and factual. I understand granting of a leak adjustment will be in compliance with the Ordinances and Policies of the City of Mineral Wells. I further understand should a leak adjustment be approved, that no adjustment will be made until a full leak free billing cycle has occurred.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**For Office Use Only:**  
(date and initial)

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

Approved/Denied : \_\_\_\_\_

Processed by: \_\_\_\_\_

Resolution: \_\_\_\_\_

Notes in system: \_\_\_\_\_

### **Mail Certification Form and Repair Invoice to:**

City of Mineral Wells  
Utility Billing  
P.O. Box 459  
Mineral Wells, Texas 76068