



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