

VILLAGE OF STRATFORD / STRATFORD WATER & ELECTRIC DEPARTMENT

REQUEST for FORGIVENESS OF SEWER CHARGES / LEAK ADJUSTMENT

(Please review the Village's policy to determine if you have a qualifying leak.)

Customer Name:	Daytime Phone:
Service Address:	
Date leak was first noticed:	
Describe how you noticed or discovered the leak:	
Describe the location and/or cause of the leak:	
Was the water leaked discharged to the sanitary sewer system?	
If not, explain why the water was not discharged to the sanitary sewer:	
Describe actions taken to repair the leak.	
<i>You may attach a copy of repair receipts (plumber's invoice or parts purchased.</i>	
Have you received a previous leak adjustment? If so, provide approximate date.	
List the billing period dates for which you are requesting the adjustment:	

Signature: _____ **Date:** _____

By signing this request, I agree to the following statements:

1. I understand the terms and conditions of the Village of Stratford Leak Adjustment Policy.
2. I am notifying Stratford Water & Electric Department that I have sustained a water leak and that such leak has been repaired.
3. I agree to allow Utility personnel access for field verification of repairs.
4. I understand that submittal of this form does not guarantee an adjustment will be made.
5. I agree that all statements herein and any attachments are true and correct to the best of my knowledge and understand that making false statements on a government record may result in legal action.

OFFICE USE ONLY	
Date application received:	Average usage: _____ gallons
Village Board meeting date:	Average bill: \$ _____
Adjustment amount to be considered (as calculated by utility clerk): \$ _____	
APPROVED	Adjustment amount: \$ _____ Date applied to account: _____
or	
DENIED	Village Board's reason for denial: _____