

SMYTH COUNTY WATER LEAK REPORT FORM

Date: _____ Account Number: _____

Account Name: _____

Service Address: _____

Mailing Address, if Different: _____

Phone Number: (Home) _____ (Work) _____

Date Leak was Discovered: _____ Date Leak was Repaired: _____

To expedite the processing of your Water Leak Report, please complete the following:

Was the leak inside or outside the structure? _____

Did the leak occur in an irrigation system? _____

Did the leak occur in a valve/spigot? _____

Did the leak occur in a swimming pool or pump? _____

Did the leak occur in equipment or due to a mechanical malfunction? _____

Has a previous leak report been submitted for this service address? _____

Repairs Completed By: *(copies of receipts for repairs required)* _____

Description of leak and completed repairs *(for more space, please use the back of this form):*

I hereby certify that the above information is true and complete. I understand and acknowledge that I am responsible for prompt payment of all water and sewer services billed by the Smyth County Water & Sewer Department. I further understand that submission of this leak report is a request for consideration for a leak credit under Smyth County Water & Sewer Department Policy and does not relieve me of responsibility for payment for water and sewer charges.

Date

Signature