

**Town of McBee**  
**Leak Adjustment Request**

**Leak Adjustment Guidelines**

As a courtesy to its customers, the Town of McBee may, upon request and subject to the “Leak Adjustment” policy, adjust customer water billing for leaks that occurred on the customer’s side of the meter.

**General Guidelines**

To ensure that your application gets processed in a timely manner, please carefully review the following “Leak Adjustment” Guidelines:

- Water Account active for a minimum of **6 months**.
- Submit a completed “Water Leak Adjustment” request form.  
Form is available from the Town Hall office or you can download the form from the town’s website **[www.townofmcbeesc.com](http://www.townofmcbeesc.com)** located on the “Water Department” page.
- Water Account has not had an adjustment within the past **12** consecutive months.
- The Town of McBee retains the right to make field verification before approving the leak adjustment request.
- Documentation verifying that the leak has been repaired is to be attached to the “Water Leak Adjustment” request. Documentation is to provide the following information:
  - Property Address of leak
  - Date of Repair
  - Type of Repair
  - Company / Individual that made the repair
- No leak adjustment will be made for the following:
  - a) Leaking faucets and toilets;
  - b) Faucets, hoses and other water outlets left running;
  - c) Leaks from frozen pipes;
  - d) Water used for filling swimming pools, washing cars and irrigating lawns and gardens;
  - e) Leaks from swimming pool systems and from irrigation systems; and
  - f) Leaks in the customer’s service line or plumbing past the water meter within one year after the customer occupies a newly constructed residence or business.

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Leak Adjustment Request**

Date of Request: \_\_\_\_\_ Account No.: \_\_\_\_\_

Customer Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Property Physical Address: \_\_\_\_\_

Date Leak Discovered: \_\_\_\_\_ Date Leak Repaired: \_\_\_\_\_

Professionally Repaired: \_\_\_\_\_ Self Repaired: \_\_\_\_\_

Description of Leak and repair:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Note:** Completion of this form does not guarantee an adjustment will be made to your account. All adjustments are issued based on a calculation of your previous 12 month usage and previous 6 month water billing. Once your request has been reviewed, you will be notified of the results from the Utility Department.

Please submit this completed request with documentation attached, if applicable, to the Town of McBee Utility Department.

**I certify that I am the account holder of this account and I have read, understand, and agree with the leak adjustment guidelines.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***For Office Use Only***

Date Received: \_\_\_\_\_ Documentation Received: Yes \_\_\_\_\_ No \_\_\_\_\_

Billing Month to adjust: \_\_\_\_\_ Original Bill Amount: \_\_\_\_\_

Adjustment Offered: \_\_\_\_\_ Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Approval Signature: \_\_\_\_\_