



# Town of Biscoe

110 West Main Street, Biscoe, North Carolina 27209  
(910) 428-4112 ph. / (910) 428-2914 fax

## Utility Leak Adjustment Policy

If a utility customer experiences a water leak, they may request an adjustment to the sewer portion of their water bill. Adjustments are subject to the following terms:

### Eligibility Requirements

1. Provide a completed Leak Adjustment Application Form.
2. Submit receipts or a completed "No Receipt Available Form" to verify that the leak has been repaired.

### Adjustment Calculation

1. Based on the average of the previous six (6) months' water usage, divided by two (2), which becomes the sewer charge for the adjustment period.
2. Customers with less than six (6) months of service will have adjustments calculated using the available months.

### Restrictions

1. Only one (1) adjustment is allowed per year.
2. Adjustments apply to sewer charges only. No adjustments are available for water changes.

## Application for Utility Leak Adjustment Form

Account Holder's Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Bill Date: \_\_\_\_\_

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

### Location of Leak:

Inside the house       Irrigation system       Between the water meter and the house

Have you attached receipts for repairs?  Yes     No (If no, attach a completed "No Receipt Available Form")

By signing this application, I certify that I understand the terms of the Utility Leak Adjustment Policy

\_\_\_\_\_  
Account Holder's Signature:

\_\_\_\_\_  
Date

## No Receipt Available Form

Use this form if receipts are unavailable for a completed water leak repair.

**Account Holder's Name:** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Describe where the leak occurred:**

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**Explain how the leak was repaired:**

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**Reason no receipts are available:**

- Receipts were lost  
 No repair parts or services were purchased  
 Other (*please specify*):

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By signing below, I certify that the water leak described above has been repaired to the best of my ability and that the information provided is accurate and truthful. I also understand the terms of the Utility Leak Adjustment Policy.

\_\_\_\_\_  
*Account Holder's Signature:*

\_\_\_\_\_  
*Date*