



Water Leak Repair Adjustment Request Form

FOR OFFICE USE ONLY	
Reviewed By _____	_____
Date _____	_____
<input type="checkbox"/> Approved	_____
<input type="checkbox"/> Denied	_____

Application Requirements & Guidelines

City of Fort Smith allows single-family residential account holders and commercial account holders to apply for a credit adjustment to their Water Utilities bill for repairing a leak under the following conditions.

1. Customer account is in good standing.
2. Water usage during the leak must be at least twice the average normal usage.
3. Customer has not received two water leak repair bill adjustments in the previous twelve-month period.
4. Customer must provide copies of the corresponding repair receipts or paid-in-full invoice.
5. Customer must submit this signed application within 90 days of the bill date.

Note: Leaks on irrigation systems are not eligible for adjustments.

- If approved, up to three consecutive billing periods affected by the leak may be adjusted for water and sewer usage.
- The adjustment for each month will be equal to the average of the previous three months' usage billed prior to the leak.
- For customers with less than three months' water usage, staff will estimate the usage by multiplying the number of residents by 2 CCF.
- It may take up to two billing cycles after the repair to determine if all leaks are sufficiently repaired and if the water use has returned to average usage.
- The adjustment is applied as a credit to the account.
- Customer must pay the bill in full if the adjustment is not posted to the account by the due date.

Customer Information

Name: _____ Account #: _____ Phone #: _____

Service Address: _____ Email: _____

Water Leak & Repair Information

Number of Household Residents: _____ Leak Location: Outside Home Inside Home
 Have you been watering? Yes No Is the leak on an irrigation system? Yes No Is the leak on a pool? Yes No
 Date Leak was Discovered: _____ Date Leak was Fixed: _____

Provide a brief explanation of repairs below. **Please complete this required field in addition to providing receipts.*

Customer Acknowledgement

My signature below certifies that I have read and understand the application requirements and guidelines. My Water Utilities account is currently in good standing, and I agree to pay my bill in full if an adjustment does not post to my account before the due date.

Customer Signature: _____ Date: _____

For questions or assistance, call (479) 784-2262. The application and attachments may be submitted by:

MAIL
 Fort Smith Citizen Services
 623 Garrison Avenue
 Fort Smith, AR 72901

FAX
 (479) 784-2298

EMAIL
 CitizenServices@FortSmithAR.gov