



INDIANA WATER LEAK ADJUSTMENT REQUEST FORM

Aqua Indiana (Aqua) is not responsible for leaks that occur at the customer's property. Customers are responsible for maintaining their service line from the meter to the house, their internal plumbing, and all of their water using appliances. Before Aqua will consider granting a water leak adjustment, the leak must be repaired and the appropriate written documentation must be provided to Aqua. Receipt of this documentation, in and of itself, does not qualify a customer for an adjustment.

Toilet leaks, water heaters, water softeners, any area from the meter pit to the property, and any appliance using water are the responsibility of homeowner and are not eligible for leak adjustments.

A leak must be verified by an Aqua field service representative **within 30 days** before Aqua will consider granting a water bill adjustment. Once the customer has reported the leak to Aqua Indiana's divisional office by way of customer service, the customer must schedule an appointment at which they must be available for connection verification

The customer will continue to be responsible for paying the monthly water bill throughout this process. The possibility of a credit adjustment will not prevent collection action on current or past-due balances.

Please be advised that ***a leak adjustment is an Aqua courtesy***, is not mandated by any tariff and, if approved, the credit will appear on your bill statement. If the adjustment is denied, a written notification of the denial will be sent to the address of record on the account. Aqua may only grant one leak adjustment per account per calendar year.

Please allow two billing cycles for an approved adjustment to appear on your bill.

Please complete, sign and return this form to Aqua along with copies of repair bills and receipts that confirm the repair work that was completed.

Aqua America, Inc.

762 West Lancaster Avenue

Bryn Mawr, Pa 19010

Attn: Indiana Leak Adjustments

Fax: 866.672.3547

Email: ACOIN@AquaAmerica.com



INDIANA WATER LEAK ADJUSTMENT REQUEST FORM

Customer Name: _____

Service Address: _____

City: _____ State/Zip: _____

Account Number: _____

Date Leak Fixed: _____ Phone No.: _____

Billing Month(s) Affected: _____

Customer Signature: _____ **Date:** _____