Midlothian
TEXAS
Strong Foundations. Bright Futures.

Email: utilitybilling@midlothian.tx.us
Phone: 972-775-7130
Fax: 972-775-7160

LEAK ADJUSTMENT REQUEST FORM

Customer Name on Water/Sewer Account

Service Address

Customer Contact #/E-Mail

PLUMBER'S STATEMENT AND/OR RECEIPTS MUST BE ATTACHED TO THIS FORM

Please give a brief description and type of leak (i.e. toilet running, sprinkler leak, slab leak, etc.) For additional room, please use back side:

Date leak was repaired (required)_____

Customer's Signature Date

******* To be considered for an adjustment, *there must be at least 6 month's usage history.* *All requests must be submitted within 90 days of the repair.*** All requests will be handled on a case-by-case basis.

*****ANY ADJUSTMENT IS NOT IMMEDIATE AND COULD TAKE UP TO 2 BILLING CYCLES FOR REVIEW. *****

Office Use Only:
Date Received: _____ Walk-In Mail Night Box E-Mail Fax

Account #_____