CITY OF BOERNE WATER LEAK ADJUSTMENT REQUEST

Instructions: Pease complete this form and attach your receipt for plumbing repairs. Return completed form and attached receipt to the City of Boerne Billing Office:

In person: 447 N Main St
By mail: PO Box 1677 Boerne, TX 78006
By email: Billing@boerne-tx.gov
By fax: (830) 248-1120

Date: _____ Account Number: _____-_____

Account Holder: _____

Contact Phone Number: _____-_____-_____

Service Address: _____

Date range of leak was from: _____-_____ to the best of my knowledge.

Customer's Affirmation

A plumbing problem, at the above service address, has resulted in water consumption being more than 50% higher than the normal water usage. Additionally, if the leak was between December and March, please check the sewer calculation to determine if the high consumption affected the monthly sewer charge. If so, please adjust accordingly.

_____

Customer Signature

_____

Office Use Only Note:◯ Scanner letter/receipt:◯ WLA:◯