CEDARTOWN GEORGIA

LEAK ADJUSTMENT REQUEST

SECTION A: APPLICANT INFORMATION & REQUEST SUMMARY

Application Date: _____/_____/_____ Account #: _____

Applicant Name: _____
Last *First* *Middle*

Phone #: (_____) _____-_____ Email: _____

Property Address: _____ Cedartown, GA 30125

Please List Billing Date(s) Adjustment is Requested For: _____

Date of Repair: _____/_____/_____

Brief Description of Issue(s):

_____

_____

SECTION B: CONFIRMATION OF WORK PERFORMED

Were repairs/installation completed by a licensed professional?

□ **YES**

Please provide company information and attach invoice and/or receipt

Company Name: _____ Phone #: (_____) _____-_____

Date of Service: _____/_____/_____ Total Charged for Service: $_____. _____

□ **NO**

Please attach receipt(s) related to repairs (i.e., equipment or supplies purchased)
-AND-
Provide a detailed description of the work and materials used below:

_____

_____

_____

_____

By signing below, applicant acknowledges that the City of Cedartown reserves the right to inspect the repair(s) stated within this application, and requires a copy of invoice/receipts if work is completed by a licensed professional. Applicant states that all information contained within this Adjustment Request is factual and correct to the best of their knowledge. ***PLEASE ALLOW UP TO TEN (10) BUSINESS DAYS FOR PROCESSING***

_____ _____/_____/_____
Applicant Signature Date

SECTION C: CITY EMPLOYEE REVIEW

(Office Use ONLY)

☐ Approved ☐ Denied

Amt. $ _____. _____ Processed Date: _____/_____/_____	Explanation: _____ _____

Reviewed By:

_____ _____ _____
City Clerk Chief Financial Officer City Manager *(Exceeds $500)*