

# EAST LYME WATER DEPARTMENT

## 1 IN 10 WATER LEAK ADJUSTMENT APPLICATION



Date of Request \_\_\_\_\_

Property Owner \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

Property Address \_\_\_\_\_

Email Address \_\_\_\_\_

Type of Property \_\_\_\_\_

**RESIDENTIAL (up to 3 units/meter)**

Single Family/Multi-family/Duplex

**REASON THE CUSTOMER IS REQUESTING AN ADJUSTMENT \***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Be as detailed as possible as to the reason of the request

Have you provided written proof that the excessive water use has been corrected? \_\_\_\_\_ (yes/no)

Have you been given an leak adjustment to your water bill over the last 10 years? \_\_\_\_\_ (yes/no)

Has there been a change of use of the property during the disputed bill period? \_\_\_\_\_ (yes/no)

Has there been an increase in occupants at the disputed bill address? \_\_\_\_\_ (yes/no)

**ANY ADDITIONAL INFORMATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this application below, I am certifying that all of the information that I have provided is true, that I am the owner of the property and that I have read the East Lyme Water Department's Bill Dispute Resolution policy.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

If you have any questions on how to fill out this application, please contact the Water Department at (860) 691-4104.

**STAFF USE**

\_\_\_\_\_  
**Decision (Approve/Deny)**

\_\_\_\_\_  
**Staff Member**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason**