

# 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 (over 3 units/meter)/**  
**MIXED USE/NON-RESIDENTIAL**

Mixed Use/Apartments/Commercial/Industrial/  
Governmental/ Other

### ***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 a 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 (attach additional documentation as needed)***

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

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 COMMENTS***

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

### ***WATER & SEWER COMMISSION DECISION***

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

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

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

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

**Reason**