NORTH CAROLINA LEAK ADJUSTMENT REQUEST FORM

Aqua is not responsible for any water leaks that occur on the customer's side of the property. However, Aqua might grant a courtesy credit adjustment to a water account when a major leak occurs on the customer's service line that requires repairs and causes a significant increase in consumption, which is at least three times normal consumption. Before Aqua will consider granting an adjustment, the leak must be repaired and the appropriate written documentation must be provided to Aqua. Receipt of documentation in and of itself does not qualify a customer for a credit. A review of your documentation will determine if Aqua can grant a credit. If your request is denied, you will be notified in writing.

Toilet leaks are considered homeowner maintenance and are not eligible for a leak adjustment. This includes, but is not limited to, flush valves, tank ball, rod, floater, refill tube and flapper seal issues. Please complete, sign and return this form to Aqua with copies of repair bills and receipts that confirm the repair work that was done. Send completed form to:

Aqua America
762 West Lancaster Avenue
Bryn Mawr, PA 19010
Attn: North Carolina Leak Adjustments
Fax: 866.674.9252
Email: ACONC@AquaAmerica.com

If approved, the credit will appear on your billing statement, and the adjustment will be granted on the highest bill during the leak. Please allow two billing cycles for an approved adjustment to appear on your bill. The possibility of a credit adjustment will not prevent collection action on past-due balances. Aqua accounts that include billing for wastewater based on water consumption are not eligible for a wastewater adjustment.

Customer Name: ____________________________
(Please Print)

Service Address: ________________________________________________________________

City: ____________________________ State/Zip: ____________________________

Account Number: ____________________________ Phone No: ____________________________

Date Leak Fixed: ____________________________ Billing Month(s) Affected: ____________________________

Customer Signature: ____________________________ Date: ____________________________

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