



County of Henrico Department of Public Utilities  
 Hungary Springs and Parham Road  
 P.O Box 90775  
 Henrico, Virginia 23273



**County of Henrico Leak Adjustment Request Form**

Date: \_\_\_\_\_ Full Account # \_\_\_\_\_ - \_\_\_\_\_

Account Holder(s) Name(s): \_\_\_\_\_

Account Address: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Additional Phone # (optional): (\_\_\_\_) \_\_\_\_\_

Date leak was discovered: \_\_\_\_\_ Date leak was repaired: \_\_\_\_\_

**Type of Leak**

- |   |  |
|---|--|
| <input type="checkbox"/> Toilet         | <input type="checkbox"/> Irrigation System                     |
| <input type="checkbox"/> Sink           | <input type="checkbox"/> Interior Water Line (Location: _____) |
| <input type="checkbox"/> Bathtub/Shower | <input type="checkbox"/> Plumbers Connection                   |
| <input type="checkbox"/> Valve/Spigot   | <input type="checkbox"/> Other: _____                          |

Repairs completed by: *(copies of repair invoice(s) or if repaired by customer a copy of the receipt for the parts used on the repair are required)* \_\_\_\_\_

Description of leak and completed repairs *(for additional room, please attach an additional page to this report)* \_\_\_\_\_

**Incomplete Leak Adjustment Request and/or Leak Adjustment Request submitted without a receipt for repairs will be returned to the customer without review.**

**Completing this form is not a guarantee that a credit will be applied to your account. By signing this form and providing all required documents, you certify that all information is true and complete to the best of your knowledge.**

**Signature**

**Date**

**For additional information visit our website at <http://www.henrico.us/utility/>**

In order to ensure an expedient and timely review of your leak request please make sure to fill out this form in its entirety and attach a copy of the repair invoice/receipts for parts. If this information is not received, it may delay the processing of your request. Please allow at least 10 business days after the bimonthly billing that includes the leak repair for the County to review your account. While the account is being reviewed please remit your typical average payment(s). The County of Henrico Department of Public Utilities will review your request in accordance with Henrico County Code.

**County Office Use Only**

Reread Date: \_\_\_\_\_ Service Order #: \_\_\_\_\_

Average Consumption: \_\_\_\_\_

Adjustment Completed by: \_\_\_\_\_ Date Adjustment Completed: \_\_\_\_\_

Approved:  Yes  No Date Customer Letter Sent: \_\_\_\_\_