

SOUTH BLOUNT COUNTY UTILITY DISTRICT

LEAK ADJUSTMENT FORM

I, _____, do hereby agree that SBCUD has granted me/us an adjustment for an excessive water bill. I understand that this adjustment consists of one month's average bill plus a rate of \$2.98/1000 of the incurred leak which may have occurred over a one or two month period. It is understood and agreed that this is a one-time per year adjustment. I understand I will not be eligible for another adjustment within the 12 months following this leak. If another leak occurs within that 12 month period I will be responsible for the entire leak.

	<u>Consumption</u>
Total Consumption of the Bill	_____
Less: Average Bill (12-month average)	_____
Total Leak	_____
Consumption x .298/100 Gallons	_____
+ Average Bill	_____
Total Amount Due (Before Tax)	_____
+ Tax (9.75%)	_____
Total Due	_____
Total Adjustment	_____

Signed

Account Number

Service Address

Date

_____ I acknowledge that the above policy has been explained to me by
_____ I fully understand the terms of this agreement.