

**VILLAGE OF OAKFIELD**  
**130 N Main Street PO Box 98**  
**Oakfield, WI 53065**  
**Phone 920-583-4400 Fax 920-583-2544**

**REQUEST FOR LEAK ADJUSTMENT**

(Please read the Village's Leak Adjustment Policy to determine if you have a qualifying leak.)

Customer Name:	Daytime Phone:
Service Address:	
Date leak was first noticed:	
Describe how you noticed or discovered the leak:	
Describe the location or cause of the leak:	
Was the water used due to the leak discharged to the sanitary sewer?	
If not, explain why the water was not discharged to the sanitary sewer:	
Describe actions taken to repair the leak and attach copy of repair receipts (plumbing bill or parts):	
Have you received a previous leak adjustment? If so, provide approximate date:	
List the billing period dates for which you are requesting adjustment:	
List the amount of the bill you received for the leak period: \$	
It is suggested that customers pay the amount of an "average" bill at this time and remain current on future bills during the time an application for adjustment is being reviewed.	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this request, I agree to the following statements:

1. I understand the terms and conditions of the Village of Oakfield Leak Adjustment Policy.
2. I am notifying the Village of Oakfield Sewer & Water Utility that I have sustained a water leak and that such leak has been repaired.
3. I agree to allow DPW personnel access for field verification of repairs.
4. I understand that submittal of this form does not guarantee an adjustment will be made.
5. I agree that all statements on this form and any attachments are true and correct to the best of my knowledge and understand that making false statements on a government record may result in legal action.

Date Application Received: \_\_\_\_\_

Date Reviewed by Committee: \_\_\_\_\_

Committee

Findings: \_\_\_\_\_

\_\_\_\_\_

Average Usage: \_\_\_\_\_

Average Bill: \_\_\_\_\_

Adjustment

Amount: \_\_\_\_\_

Date Applied to

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