



LEAK ADJUSTMENT REQUEST

Account Number: _____

Member/Customer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Date leak was noticed: ____/____/____

Date leak location was discovered: ____/____/____

Specify where the lead occurred on the property: _____

Date leak repaired: ____/____/____

Materials used for the repair: _____

Person or company who repaired the leak:

Name: _____

Company (if applicable): _____

Address: _____

Phone: _____

I, Member/Customer, hereby certify and affirm under the penalties of perjury that the above leak adjustment request is true and correct. I have read the eligibility requirements and understand the terms of adjustment/payment that have been set forth by Ramsey Water Company. I also testify that I have not had a lead adjustment in the past twelve (12) months.

Signed: _____

Print name: _____ Date: ____/____/____

Service address: _____

Completed forms can be **mailed to**: RWC, P.O. Box 245, Ramsey, Indiana 47166

Completed forms can be **dropped off**: RWC, 415 Highway 64 NW, Ramsey, Indiana 47166

Completed forms can be **emailed to**: ramseywater@ramseywater.com