

Lower Mahanoy Township Municipal Authority 132 River Road Dalmatia, PA. 17017
Adjustment Request Form

Policy Conditions

This form is not a guarantee that a credit will be applied to your utility bill. You will be notified by phone or letter if the request cannot be granted, or if additional information is needed. Only one adjustment will be allowed during a twelve consecutive month period and will only occur after all leaks have been repaired and verified with an actual meter reading.

Customer Name: _____ Account #: _____

Service Address: _____ Phone: # _____

Type of Leak: COMMODE PIPES FURNACE WATER HEATER FIXTURES
 OTHER _____

Dates of Leak: _____ Date of Repair: _____

Policy Conditions Continuation:

- The increase in the customer's normal billing was a result of Acts of God or other incidents that occurred through no fault of a Property Owner or their tenants or agents.
- The increase of consumption must be (50%) or Higher and is granted at the Authority's discretion in comparison with previous usage.
- The repair must be completed within 30 days from the date of the billing in which the requisite increase occurred.
- All documentation must be submitted within 60 days from the date of the billing in which the requisite increase occurred, before a credit can be issued.
- Lack of proper maintenance or negligence by Owner or actions of a third party such as a tenant or contractor, etc... which culminates in a water leak or other damage will not be considered as a basis for an Adjustment Request.
- In all cases the Authority retains the right to make field verifications before using their discretion to approve any leak adjustments
- A verified water leak does not relieve or dismiss a utility customer from payment obligations on their account; such as penalties, due dates or shut-off dates and fees.

Brief description of leak and action taken to repair:

Required Documentation

Repaired - Professionally *Attach a copy of repair invoice or letter detailing what was repaired, the date of repair.*

Name of Company: _____

Repaired - by owner/tenant/agent *Attach a copy of repair receipts for materials used to repair leak.*

Name of Individual: _____

I certify that I understand the requirements in this form and I am familiar with all of the facts stated in this form to be true and correct.

Print Name _____

Property Owner Signature: _____ Date: _____

Return this completed form and proof of repairs to the **Lower Mahanoy Twp. Munic. Auth. 132 River Rd. Dalmatia Pa. 17017.**

Authority Use Only:

Date received	_____	Bill Date	_____	Averaged Gallons	_____
Authorized by	_____	Gallons used	_____	Approved Credit	_____
Denial Date	_____	Water charge	_____	Sewer Charge	_____
Approval Date	_____	Corrected Water Charge	_____	Corrected Sewer Charge	_____