



## New Market Utility District

P.O. Box 96  
New Market, TN 37820  
(865)475-2467  
(865)471-6597 Fax

### RESIDENTIAL CUSTOMER REQUEST FOR LEAK ADJUSTMENT

Account Number	
Name	
Service Address	
Phone Number	
Date of Request	
Billing Month/Year	

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

Has leak been repaired? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how was leak repaired? \_\_\_\_\_

\_\_\_\_\_

Who repaired leak? \_\_\_\_\_

(if plumber, attach copy of invoice)

Date leak repaired \_\_\_\_\_

What have you done to prevent this from reoccurring? \_\_\_\_\_

\_\_\_\_\_

Do you have a cut-off valve on your water line? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a pressure reducing valve? Yes \_\_\_\_\_ No \_\_\_\_\_

**Note: all of the above blanks must be completed before this leak adjustment request can be submitted for approval. Leak adjustment request is permitted once a year and usage must be 5,000 gallons greater than your monthly average on a twelve-month basis.**

Additional comments \_\_\_\_\_

\_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_