City of Branson Utilities Department
Leak Adjustment Request Form

(Completed Form, Plumber's Receipt, and or Repair Parts Receipt must be submitted for adjustment request to be considered)

Person Requesting Leak Adjustment: _____ Phone # _____

Address of Leak: _____

Adjustment Request For: ☐ City Water & City Sewer ☐ City Sewer Only

Date of Leak: _____

What Was Leaking? (Be as detailed as possible) _____

_____

_____

_____

_____

Where On The Property Was The Leak? (Be as detailed as possible) _____

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_____

Where Did The Leak Flow To? ☐ The Ground or ☐ A Plumbing Drain

What Caused The Leak? (Be as detailed as possible) _____

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Date of Repair: _____

Name & Phone Number for Person and or Company Who Made the Repair: _____

_____

What Parts Were Used For The Repair?
(Be as detailed as possible) Attach Copy Of Repair Invoice/Receipts _____

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Revised 7/14/15