



South Harrison Water Corporation

P. O. Box 548 Corydon, IN 47112

Phone: 812.968.3425 Web: www.southharrisonwater.com

"This institution is an equal opportunity provider and employer."

Leak Adjustment Request Form

This form must be completed in full and submitted along with documentation of the leak repair. Customers are eligible for one leak adjustment every 60 months. Leak adjustments apply only to underground or hidden leaks and must have used more than 22,000 gallons. Leaking toilets, faulty livestock watering devices, and, or neglected garden hoses are not eligible.

Customer Information

Leak Information

Customer Name:	Date Leak Was Discovered:
Service Address:	Date Leak Was Fixed:
Account Number:	Location of Leak:
Phone Number:	Description of Leak:
Email:	SHWC Email: billing@southharrisonwater.com

Required Documentation

- ✓ Proof of repair (invoice, receipt, or photos of parts used, and hole with building/residence in the background).
- ✓ Must be submitted within 60 days of high usage bill.

Certification

I certify that the information provided is true and accurate to the best of my knowledge. I understand that submission of this form does not guarantee an adjustment. Form must be submitted to and approved by management.

-----FOR OFFICE USE ONLY: -----

Previous Average: _____ Leak Usage (gallons): _____

Adjustment Approved: Yes ☐ No ☐ Adjustment Amount: _____

Approved By: _____