UTILITY BILLING OFFICE
City Hall, 50 West 13th Street
Dubuque, Iowa 52001
utilityb@cityofdubuque.org
563-589-4144
Fax 563-690-6688

LEAK ADJUSTMENT REQUEST FORM

Customer Name: __________________________ Account Number: ________________

Service Address: ____________________________________________________________

Home Phone: ________________ Work Phone: ________________

Date leak was first noticed: ________________ (if exact date not known please indicate bill date)

Indicate bills during which leak occurred: __________________________

Date leak was repaired: ______________________

Description of leak: _________________________________________________________

How leak was repaired: _____________________________________________________

PLEASE NOTE: Completion of this form does not guarantee an adjustment will be made to
your water bill. All requests are evaluated based on your average water consumption. In
order to qualify for an adjustment, the leak must be repaired and copies of any invoices or
receipts for repairs made along with this form must be returned to the office within 60
days of knowledge of leak. If the form is not received within the 60-day limit you will be
responsible for the entire amount of leak consumption. Payments must still be received
by due date to receive adjustment. Only one leak adjustment (1 month) will be allowed in
any one year (12 month) period. Credit will not be issued until at least two consecutive
reads are received where it appears that consumption has returned to normal usage.

______________________________________________________________________________

Customer Signature Date

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FOR CITY USE ONLY

Route: _____ Received by: ___________ Date received: ___________ Work order initiated: ___________ (Yes or No)

Date read: ________________  Reading #1: ___________________ Consumption: ______________________

Date read: ________________  Reading #2: ___________________ Consumption: ______________________

Reviewed/Calculated by: _______________ Date: ______________  Adjustment given: $______________

Denied: ____________________ Gallons: ______________  Penalties: __________________________

Letter sent: ______________  Total: ______________________

April 2019