



Town of Markle • 155 W. Sparks St. • P.O. Box 367 • Markle, IN 46770

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260 -758-3193 • Fax: 260 -758-2832

## Leak Adjustment Procedure

1. Identify cause of the leak.
2. Fix the leak keeping all receipts for parts and/or plumbers service.
3. Fill out the leak adjustment form (see attached).
4. File form, with copies of receipts, at Markle Town Office.
5. Allow for a Town Utility worker to inspect the work described.
6. Markle Town Council will consider leak adjustment at the next scheduled Council meeting.

# Town of Markle Leak Adjustment Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Nature of Leak: \_\_\_\_\_

Date Leak was Fixed: \_\_\_\_\_

*Please attach receipts for any parts replaced and/or plumber's service to this form. Town Council asks that you attend the Council meeting pertaining to your adjustment. If you are unable to attend you may have someone attend for you or write a letter to Council.*

(Bottom Portion To Be Filled Out By Town)

Water bill to be adjusted .....\$ \_\_\_\_\_

Average water bill .....\$ \_\_\_\_\_

Adjusted amount .....\$ \_\_\_\_\_

Tax bill to be adjusted .....\$ \_\_\_\_\_

Average tax bill .....\$ \_\_\_\_\_

Adjusted amount .....\$ \_\_\_\_\_

Wastewater bill to be adjusted .....\$ \_\_\_\_\_

Average wastewater bill .....\$ \_\_\_\_\_

Adjusted amount .....\$ \_\_\_\_\_

Utility bill to be adjusted .....\$ \_\_\_\_\_

Subtract Total of adjusted amounts .....\$ \_\_\_\_\_

Adjusted Utility Bill .....\$ \_\_\_\_\_

Adjustment Fee .....\$ \_\_\_\_\_

**Total of Adjusted Utility Bill and Fee.....\$ \_\_\_\_\_**

*(Please pay this amount if approved by Council. Please pay adjustment fee with a separate check.)*

**\*\*No more than one (1) leak adjustment shall be allowed in any consecutive twelve (12) month billing period.**

**Signature of Applicant:** \_\_\_\_\_

Inspected by: \_\_\_\_\_ Date: \_\_\_\_\_

Town Superintendent's Recommendation: Approved Not Approved

Town Council Decision: Approved Not Approved