



LEAK ADJUSTMENT REQUEST

(830) 569-5575

<https://mccoywsc.com>

65 Parkfield, Pleasanton, Tx. 78064

This form is fillable. Submit with required documentation by email or mail.

MEMBER INFORMATION

Member Name:

Account Number:

Service Address:

Phone Number:

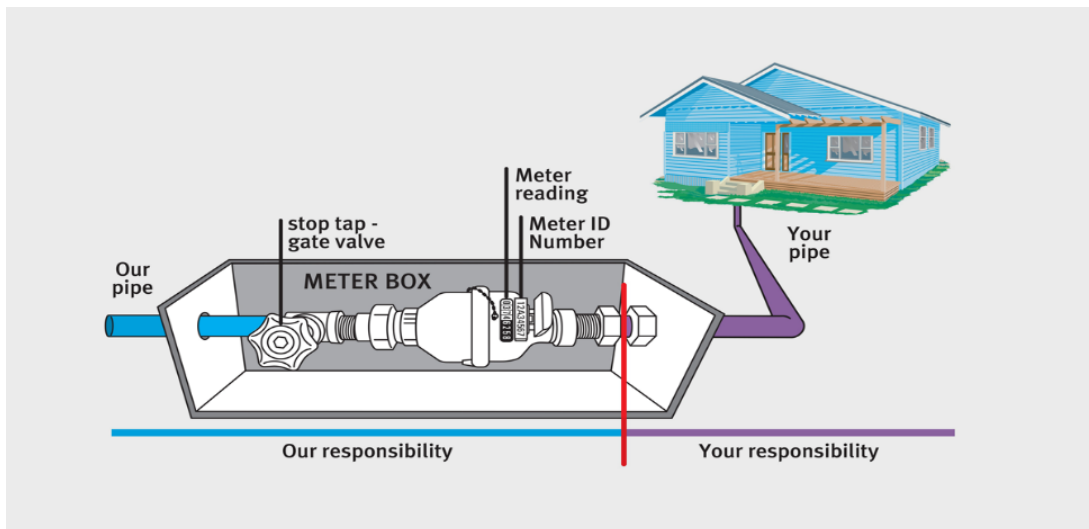
Email Address (optional):

LEAK INFORMATION

Date Leak Was Discovered (MM/DD/YYYY):

Date Leak Was Repaired (MM/DD/YYYY):

Location of Leak:



DESCRIPTION OF LEAK AND REPAIR PERFORMED

Provide details (4 lines):

REQUIRED DOCUMENTATION

Please attach the following:

- Proof of repair (invoice, receipt, plumber's statement, or photos)
- Any additional supporting information the member wishes to provide

USAGE VERIFICATION

Billing month for which adjustment is requested:

Has the member received a leak adjustment within the past 60 months?

Yes No

MEMBER CERTIFICATION

I certify that the information provided is true and accurate, that the leak occurred on my side of the service line, and that the repair has been completed. I understand that:

- The Corporation will determine eligibility based on Tariff Section E.
- The adjustment applies only if usage exceeds four times my 12-month average.
- If I lack 12 months of history, 10,000 gallons per missing month will be used.
- I may receive only one leak adjustment every 60 months.
- This request must be submitted before the due date of the bill in question.

Member Signature:

Date (MM/DD/YYYY):

RETURN THIS FORM

Please return this form along with your documentation:

Email: info@mccoywsc.com

Mail: McCoy Water Supply Corporation, 65 Parkfield Dr, Pleasanton, TX 78064

FOR OFFICE USE ONLY

Date Received (MM/DD/YYYY):

Received By:

12-Month Average Usage:

Actual Usage for Affected Month:

Eligible for Adjustment:

Yes No

Adjustment Amount:

Approved By (General Manager):

Date Approved (MM/DD/YYYY):