



capitalregionwater.com
888-510-0606

Water Leak Adjustment Request

Ratepayer Account Name: _____ Date: _____

Service Address: _____

Mailing Address: (If Different from Service Address): _____

Contact Person: _____ Phone: _____

Email Address: _____

Type of Account: [] Residential [] Commercial [] Institutional/Govt.
[] Industrial [] Other (Specify): _____

Property/Account Number: _____

Date leak was discovered: _____ Date leak was repaired: _____

How was leak detected? _____

Cause of water leak? _____

Location of leak? _____

Has repair been made? [] Yes [] No

If yes, attach verifiable documentation/receipt of a licensed plumber.

By signing this Request, the Ratepayer acknowledges that while this Request is under review, any outstanding invoices must be paid by the due date to avoid disruption of service and/or additional charges. All required documentation has been provided and all of the above information is true and complete to the best of my knowledge.

Signature of Ratepayer

Date

Please complete and return to: Capital Region Water
Customer Service Center
100 Pine Drive
Harrisburg, PA 17103

Capital Region Water Use Only

Date Request Received: _____

Date of Inspection (if necessary): _____

Inspection/Documentation Review Results:

Authorized Signature: _____ Approved: [x] Yes [] No Date: _____



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Additional Space: