



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): _____
Is this property a rental? [] Yes [] No Number of units: _____
Length of tenant occupancy per unit: _____
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
3003 North Front Street
Harrisburg, PA 17110

Capital Region Water Use Only

Date Request Received: _____
Date of Inspection (if necessary): _____
Inspection/Documentation Review Results: _____

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



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Additional Space: