Print Form

City of Schertz
REQUEST FOR WATER LEAK ADJUSTMENT

NAME_____ **ADDRESS**_____

DATE_____ **PHONE #**_____

ACCOUNT#_____

DATE OF REPAIR_____ **INSIDE**_____**OR OUTSIDE**_____

DESCRIBE REPAIRS MADE:

PLEASE ATTACH COPIES OF ANY RECEIPTS AND RETURN TO:

UTILITY BILLING DEPARTMENT
1400 SCHERTZ PARKWAY
SCHERTZ, TEXAS 78154

IF YOU HAVE ANY QUESTIONS OR NEED MORE INFORMATION CALL 210-619-1100.

REPAIRS WILL BE VERIFIED AND ANY ADJUSTMENT WILL BE MADE BASED ON YOUR HISTORIC USAGE. ALL LOST WATER, THE AMOUNT ABOVE YOUR HISTORIC AVERAGE, IS BILLED AT THE LOWEST BLOCK RATE.

Rev. 12/07