



Utility Billing Department
 620-694-2621
 Hours: Monday - Friday 8am - 5pm
 www.hutchgov.com

125 East Avenue B PO BOX 1567 Hutchinson Kansas 67504-1567

Request for Leak Adjustment

Name on account _____ Phone _____

Address _____

Account Number _____ Date of Request _____

Billing period in which leak began: _____


Date leak was repaired _____ Repaired by _____

Please note: Incomplete information may void request

What caused the leak? _____

Where was the leak located? _____

When was the leak detected? _____

 Customer Signature _____

Please attach a copy of the plumbing repair bill or a copy of the receipt for parts used to repair the above mentioned leak.

Office Use Only

Request approved by _____ Amount \$ _____

Customer notified _____

Account Adjustment Submitted _____

Request Denied by _____

Reason _____
