

**ST. CHARLES PARISH
DEPARTMENT OF WATERWORKS**

WATER BILL ADJUSTMENT

ACCOUNT NUMBER: _____

CUSTOMER NAME: _____

CUSTOMER ADDRESS: _____

TELEPHONE NUMBER: _____

I hereby declare that the above service is in my name or that I am the authorized agent for the service and that a high water consumption resulted from a water leak.

The leak was repaired on: _____

What repairs were made _____

By: _____

Address: _____

I am requesting an extension of payment of this bill according to the Waterworks policy.

I understand that only one (1) water leak adjustment per calendar year will be allowed and that I will be responsible for my average bill in addition to half of the water leak.

PRINT NAME

SIGNATURE DATE

WITNESS DATE