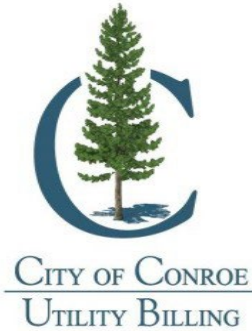


# City of Conroe

## Water Leak Adjustment Request Form



A City of Conroe ordinance allows for an Unavoidable Leak Adjustment credit because of loss of water neither caused by the customer, nor within the ability of a prudent person to foresee. A variance may be allowed in the rate charged for the water used if your request is approved.

Location & Applicant Information		
Name:	Phone:	Date:
Account #:	Email:	
Service Address:		

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Reasonable efforts to locate leak and initiate repairs must be taken by or on behalf of the customer within 30 calendar days after the initial indication of increased water usage. This adjustment request is limited to a maximum of two (2) consecutive months and must be requested within one (1) month of the repairs.

All customers requesting a leak adjustment must register for a WaterSmart log in before the leak adjustment request form will be processed. Visit <https://conroetx.watersmart.com/> to sign up.

Attach documentation of the repair date, address, type of repair, and cost. Acceptable documents include plumber's statement/bill or a receipt for parts. All receipts and documentation dates must fall within timeline of requested adjustments. All leaks must be repaired before applying for a Water Leak Adjustment.

In all cases the City of Conroe retains the right to make field verifications before approving leak adjustments. You will be notified within 30 days whether your request is approved or denied. If you have any questions you can email us at [utilitybilling@cityofconroe.org](mailto:utilitybilling@cityofconroe.org) or call 936-522-3170.

Please complete information on reverse side

Type of leak on customer's side of meter: \_\_\_\_\_

Description of repair: \_\_\_\_\_

I am asking the City of Conroe to apply a variance for the rates charged because of a leak beginning on or around (date) \_\_\_\_\_ and repaired on (date) \_\_\_\_\_.

Customer Print Name: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

**Office Use Only**

ENROLLED IN WATERSMART  YES  NO VERIFIED BY:

APPROVED

DENIED

Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete the form and return to the Utility Billing office by one of the following methods:

In Person: Conroe Municipal Center - 700 Metcalf St, Conroe, TX 77301

By Email: [utilitybilling@cityofconroe.org](mailto:utilitybilling@cityofconroe.org) – Attn: Leak Adjustment Request

By Mail: City of Conroe, Utility Billing Dept.

P.O. Box 3066

Conroe, TX 77305-3066