

Daphne Utilities
One-Time Leak Adjustment
& Pool Fill Request Form



FAX 251-621-3052

Date: _____

Customer Number: _____

Name On Account: _____

Service Address: _____

Phone Number: _____

Date Leak Was Repaired: _____

**IN ORDER TO PROCESS YOUR LEAK ADJUSTMENT REQUEST, WE
MUST HAVE A COPY OF THE REPAIR INVOICE OR RECEIPT**

Description Of Problem/Repair:

If this adjustment is for a pool fill, please list the following:

Date Started: _____ Date Finished: _____

Approximate size of pool (in gallons): _____

Signature

Date