



## CERTIFICATE OF REPAIR

Consolidated Utility District  
709 New Salem Highway  
P.O. Box 249  
Murfreesboro, TN 37133-0249  
TEL: 615-893-7225 FAX: 615-225-3341

**Note: This form will not be accepted without receipts and/or photos.**

Cycle Number \_\_\_\_\_

Customer Number \_\_\_\_\_

Account Number \_\_\_\_\_

Owner \_\_\_\_\_

Service Address \_\_\_\_\_

Tenant \_\_\_\_\_

Date of Repair \_\_\_\_\_

This to certify that the plumbing at the above address has been repaired and is now free of leaks. These leaks were large enough to cause an increase in the water bill. The repairs were made as follows:

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In signing this certificate, I make an oath that the above is true in fact and substance.

Signed by: \_\_\_\_\_

Any customer is eligible for a water leak adjustment if:

- The water usage is twice the normal monthly average.
- The house and/or service line is over one (1) year old.
- The customer has not had an adjustment at the above address in the past twelve (12) months.

The adjustment will be made after the water usage returns to normal. Only the two (2) highest bills will be adjusted. The customer must go one (1) full billing period with no leak before an adjustment is made. At that time, the lost water will be calculated at the current reduced rate, and the difference will be credited to the above account.

**All Leak Adjustment Forms must be submitted with ninety (90) days of the repair to be considered for an adjustment.**

CUD has attempted to notify a customer of a 24-hour continuous flow. If the continuous flow has continued for a period three (3) months without the customer having repaired and documented the repair, then the customer will not be eligible for any leak adjustment as provided by this policy regardless of the cause or circumstance.

**Adjustments for irrigation leaks, unexplained usage, swimming pool leaks, or water softener leaks may be adjusted by CUD one (1) time within a five (5) year period with proper documentation meeting the criteria within this policy. Adjustments will not be given for filling a swimming pool.**

Manager approval: \_\_\_\_\_

Reason for adjustment: \_\_\_\_\_