

## **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 enough to cause an increase in the water bill. The rep	ss has been repaired and is now free of leaks. These leaks were large pairs were made as follows:
In signing this certificate, I make an oath that the abo	ove in 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 a	address in the past twelve (12) months .
	is to normal. Only the two (2) highest bills will be adjusted. The customer djustment is made. At that time, the lost water will be calculated at the o the above account.
All Leak Adjustment Forms must be submitted with nin	nety (90) days of the repair to be considered for an adjustment.
	ntinuous flow. If the continuous flow has continued for a period three (3) nented the repair, then the customer will not be eligible for any leak use or circumstance.
	vimming pool leaks, or water softener leaks may be adjusted by CUD cumentation meeting the criteria within this policy. Adjustments will
Please note: Builders, developers, management compa accounts do not qualify for leak adjustments on water s	anies, apartments, commercial, industrial, and master metered service.
Manager approval:	Reason for adjustment: