

**CITY OF BRAZIL UTILITIES
APPLICATION FOR ADJUSTMENT**

Date: _____ Account #: _____

Name: _____

Address: _____

Phone #: _____

Type of Leak: _____ *Underground*
 _____ *In Walls*
 _____ *Basement/Crawl Space*
 _____ *Other:* _____

Date leak was discovered: _____

Date leak was repaired: _____

What was done to repair the leak: _____

Who was work done by: _____

Are receipts furnished: YES NO

The Board of Works meets at 10:00 AM on the second and fourth Wednesdays.

For an adjustment to be eligible for that meeting it must be in the office by 10:00 am the Monday prior to the meeting.

Customers may call the day following the meeting for results. To reach the Water Works Office please call (812) 448-1539.

For Office Use Only			
Date Checked: _____	Date Checked: _____		
Meter Reader: _____	Meter Reader: _____		
Leak Fixed: YES NO	Leak Fixed: YES NO		
Eligible: _____		Non Eligible: _____	