



P.O. BOX 5096, JONESTOWN, TEXAS 78645
PHONE: (512) 267-7144 FAX: (512) 267-9247

Leak Adjustment Request

Signature: _____ Date: _____

Name: _____ Acct. # _____

Mailing Address: _____

Service Address: _____

Daytime Phone: _____

Please give a description of the situation for which you are requesting an adjustment. Be as specific as possible, give dates if possible and be sure to provide a copy of proof that the leak has been repaired. The Jonestown Water Supply Corporation will review your request and will notify you of their decision. **If approved, the adjustment is good for one billing cycle and can be taken only once every 3 years.**

Remit your request to:
Jonestown Water Supply Corporation
P.O. Box 5096



Jonestown, TX 78645

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