City of Farmers Branch

Utility Billing Division / Customer Service
13000 William Dodson Parkway, P O Box 819010
Farmers Branch, TX 75381-9010

REQUEST FOR SEWER ADJUSTMENT FROM A WATER LEAK

Name on water account: _____

Name of person requesting adjustment: _____

Water account number: _____

Street address: _____

Phone number: _____

Date leak began: _____

Date leak was repaired: _____

Who repaired the leak: _____

Location of leak: _____

Did the water from the leak go down the drain: _____
If not, where did the water go: _____

Attach copy(s) of receipts from the repair of the leak. You will be contacted once it has been determined if you will get an adjustment to your sewer portion of your bill. Mail the receipts with this form to the above address.

_____ _____
Signature of person requesting for adjustment Date

_____ _____
Customer notified by Date

OFFICE USE ONLY PROCESS EFFECTIVE
INITIAL:_____ DATE: _____ DATE: _____

******** Please Print, Complete, Sign And Send To Address Below ********

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Print Form