



Aqua Virginia, Inc.  
 762 West Lancaster Avenue  
 Bryn Mawr, PA 19010  
 Attn: Virginia Leak Adjustments  
 Fax: 866-888-2205  
 Email: ACOVA@AquaAmerica.com

## VIRGINIA LEAK ADJUSTMENT REQUEST FORM

Aqua may grant a credit adjustment to an account when a major leak has occurred on the customer's **service line and toilet** which requires repairs and has caused significant excessive increase in consumption. Before Aqua will consider granting an adjustment, the leak must be repaired and the appropriate written documentation must be provided to Aqua. Receipt of documentation in and of itself does not qualify a customer for a credit. A review of your documentation will determine if a credit can be granted. If your request is denied, you will be notified in writing.

A onetime adjustment will be considered for an underground leak. This adjustment will be based upon fifty percent (50%) of the excess in billed amounts as calculated from the previous three consecutive billing periods. Adjustments will not be considered for new construction where the permanent resident has occupied the property for less than one year.

A onetime per five year period adjustment will be considered for a leaking toilet fixture. This adjustment will be based upon fifty percent (50%) of the excess in billed amounts as calculated from the previous three consecutive billing periods. Adjustments will not be considered for new construction where the permanent resident has occupied the property for less than one year.

**Please complete, sign and return this form to Aqua along with copies of repair bills and receipts that confirm the repair work that was done.**

If approved, the credit will appear on your billing statement. Please allow two billing cycles for an approved adjustment to appear on your bill.

The possibility of a credit adjustment will not prevent collection action on past due balances.

Aqua may only grant one leak adjustment per account per calendar year.

Customer Name: \_\_\_\_\_  
(Please Print)

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

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

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

Date Leak Fixed: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Billing Month(s) Affected: \_\_\_\_\_

**Customer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_