

**TOWN OF TOPSAIL BEACH**  
**WATER BILL ADJUSTMENT FOR LEAKS**

PROPERTY OWNER: \_\_\_\_\_

TOPSAIL BEACH ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

LOCAL PHONE #: \_\_\_\_\_ HOME #: \_\_\_\_\_

BILLING DATE: \_\_\_\_\_ USAGE: \_\_\_\_\_ gallons

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**PROPERTY OWNER CERTIFICATION**

LOCATION OF LEAK: \_\_\_\_\_

REPAIRED BY: \_\_\_\_\_

PHONE #: \_\_\_\_\_ DATE OF REPAIR: \_\_\_\_\_

(Please attach a copy of the repair bill, if applicable)

I certify that the leak repaired as stated above **was visually or otherwise undetectable**. I understand that if an adjustment is granted for this leak, I may not request relief due to any type of leak at this property for a period of three years from the date of the repair.

PROPERTY OWNER'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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**AUTHORIZATION FOR ADJUSTMENT**  
**(To be completed by Town Manager)**

The above referenced property experienced a water leak during the month of \_\_\_\_\_.  
After careful review, I have determined that the leak was/was not detectable. Based upon these findings, and under the guidelines set by the Board of Commissioners, the water bill will/will not be adjusted as stated below:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Town Manager

\_\_\_\_\_  
Date