



INDIANA SEWER LEAK ADJUSTMENT REQUEST FORM

Aqua Indiana is not responsible for leaks that occur at the customer's property. It is the customer's responsibility to maintain their service line between the meter and the house, their internal plumbing, and all of their water-using appliances.

There are only two criteria that qualify for a metered sewer leak adjustment:

- Water powered back-up sump pump (triggered by a power outage)
 - Aqua would need to verify that the sump pump is not connected into the sanitary sewer system
- Water softener malfunction, which caused the water softener to get stuck in regeneration
 - Aqua would need to verify that the softener is dumping into the sewer system.

A leak must be verified by an Aqua field service representative **within 30 days** before Aqua will consider granting a sewer bill adjustment. Once the customer has reported the leak to Aqua Indiana's divisional office by way of customer service, the customer must schedule an appointment at which they must be available for connection verification.

The customer will continue to be responsible for paying the monthly sewer bill throughout this process. The possibility of a credit adjustment will not prevent collection action on current or past-due.

Please be advised that **a leak adjustment is an Aqua courtesy**, is not mandated by any tariff and, if approved, the credit will appear on your bill statement. If the adjustment is denied, a written notification of the denial will be sent to the address of record on the account. Aqua will only grant one leak adjustment per account per calendar year.

Please allow two billing cycles for an approved adjustment to appear on your bill.

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

Aqua America, Inc.

762 West Lancaster Avenue

Bryn Mawr, Pa 19010

Attn: Indiana Leak Adjustments

Fax: 866.672.3547

Email: ACOIN@AquaAmerica.com

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INDIANA SEWER LEAK ADJUSTMENT REQUEST FORM

Customer Name: _____

Service Address: _____

City: _____ State/Zip: _____

Account Number: _____

Date Leak Fixed: _____ Phone No.: _____

Billing Month(s) Affected: _____

Customer Signature: _____ **Date:** _____