

HARRIS COUNTY MUNICIPAL UTILITY DISTRICT NO. 71
Leak Adjustment Request Form

Account No. _____

Service Address _____

Daytime Phone No. _____

E-Mail Address _____

Harris County Municipal Utility District No. 71 (the "District") has adopted a Policy and Procedures for Leak Adjustment Credits (the "Policy") under which the District will consider permitting a credit because of loss of water through an "excusable defect" in the customer's water lines. An excusable defect means a rupture in or leak from the customer's water lines caused by freezing weather, settlement, corrosion, wear, or accident. **Visible leaks such as faucet and hose leaks are ineligible.** Credit may be given for a portion of the District's regular rate charged for water usage in excess of the customer's average usage, as determined by the District (the "Leak Adjustment Credit"). Credits are only available for a customer with at least twelve (12) billing cycles of usage history in the customer's name at the service address given above. No credit or adjustment will be given for: (1) West Harris County Regional Water Authority pumpage or surface water fees; and (2) the sewer portion of the bill, which is charged at a flat rate. The Leak Adjustment Credit is limited to a maximum of two (2) consecutive billing cycles and must be requested within three (3) months of the date of the repair. **Customers may apply for no more than two (2) leak adjustments in any twelve (12) month period.**

I, _____ (Give full legal name and/ or business identity), am the Responsible Party for the account at the above service address. I am asking the District to reduce the water bills for this account, to the extent allowed by the District's Policy because of a leak beginning on (date) _____ and repaired on (date) _____. The water lost from this leak was not used by anyone. During this period, the following additional water appliances (washing machine, dishwasher, spa, toilet, aquarium, pool, indoor greenhouse, etc.) were installed at the service address (State "NONE" if none were added): _____.

IN ORDER TO PROCESS YOUR APPLICATION QUICKLY AND EFFICIENTLY, PLEASE READ THE FOLLOWING CAREFULLY AND GIVE A CLEAR DESCRIPTION OF THE REPAIRS.

Type of leak on customer's side of the meter: _____.

Description of repair: _____

_____.

Attach the bill or bills for which adjustment is being sought and documentation of the repair date, address, type of repair, and cost. Acceptable documents include plumber's statement/bill or a receipt for parts. Businesses with in-house maintenance may submit a statement signed by a minimum of two (2) employees who witnessed the repair. In all cases, the District retains the right to make field verifications before approving a Leak Adjustment Credit. You will be notified by mail or e-mail (if provided) generally within 90 days whether your request is approved or denied.

I am familiar with all of the facts stated in this document and they are true and correct. I certify that this application and attached documents contain no false statements.

Print Name: _____

Date: _____

Signature of person requesting a leak adjustment: _____

Complete the form and return to:
Harris County Municipal Utility District No. 71
c/ o Allen Boone Humphries Robinson LLP
3200 Southwest Freeway, Suite 2600
Houston, Texas 77027
Phone: 713-860-6400
Fax: 713-860-6401