



Scott Point Waterworks District

LEAK AND LEAK ALLOWANCE REPORT

Date of Leak: _____ Account: _____
 Address: _____ Owner(s): _____

Billing Period: From _____ To _____
Consumption: _____ Gal

Description of Leak:

Description of Fix:

Date of Permanent Fix: _____ Name of Contractor _____

TO BE COMPLETED BY SCOTT POINT WATERWORKS DISTRICT

Eligibility for Leak Allowance	Yes	No	
If YES, Leak Allowance Applied:	Charge for Period in which Leak Occurred: (see total charge above)		\$ _____
	Less 3x Highest Bi-Monthly Consumption Charge in Preceding 12 Month Period:		- \$ _____
	Leak Allowance:	=	\$ _____

Trustee Approval: _____ Date: _____
 Signature of Trustee

Copies of report given to: Billing _____ Trustee/ Financial Officer _____