

**PLAQUEMINES PARISH WATER DEPARTMENT
LEAK ADJUSTMENT FORM**

I, _____, am responsible for this account, am requesting a leak adjust on this date _____, for this address, _____ with the assigned customer # _____, for the billing month of _____ & _____.

I can be contacted at this phone # _____.

The following statement is the reason that I am requesting this leak adjustment at this time. Please explain the exact location of the leak and **MUST** state it WAS repaired and either have a receipt or had parts on hand.

By signing this affidavit, I am affirming that the information above is true and accurate. Please provide a Store or plumber's receipt, pictures, etc.

Additionally, Section 22-30 of the Plaquemines Government Code of Ordinance says:

Any person who shall violate any of the provisions of this chapter for which a penalty is not otherwise provided shall be guilty of a misdemeanor and upon conviction thereto shall be subject to a fine or not more than one hundred dollars (\$100.00) or imprisoned not exceeding thirty (30) days or both fined and Imprisoned.

Responsible Party

Witness (Department Representative)