



City of Payette

Leak Repair Refund Form

OFFICE USE ONLY

Date Received _____

Water Dept. Approval _____

Clerk's Approval _____

Credit given Y N Amount _____

Utility Customer Information

First Name _____ Last Name _____

Property Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Leak Information

Date Leak Occurred _____ Date Leak Repaired _____

Receipt(s) are attached that document the repair was completed and the date repair was made? Y N

Description of leak: _____

By signing this document you certify that the information is true and correct.

Signature

Date