

CITY OF SELMA
REQUEST FOR WATER LEAK ADJUSTMENT

NAME:

DATE:

ADDRESS:

PHONE:

NUMBER OF PERSONS IN FAMILY:

DATE OF REPAIR:

(CHECK ONE)

INSIDE OUTSIDE

DESCRIBE REPAIRS MADE:

PLEASE ATTACH COPIES OF ANY RECEIPTS AND RETURN TO:

CITY OF SELMA
UTILITY BILLING
9375 CORPORATE DR
SELMA TX 78154-1250

If you have any questions, or need additional information please call (210) 651-6661 option #5

REPAIRS WILL BE VERIFIED AND ANY ADJUSTMENT MADE IS BASED ON YOUR AVERAGE HISTORIC USAGE. ALL LOST WATER (THE AMOUNT ABOVE YOUR AVERAGE HISTORIC USAGE) IS BILLED AT THE LOWEST BLOCK RATE.

FORM: UB 1 rev. 030106 ksb