

Town of Kirklin

113 N. Main Street
P.O. Box 147
Kirklin, IN 46050
PH: (765) 279-8786
Fax: (765) 279-5086

Leak Adjustment Application

I submit this application to the Town Council of Kirklin, Indiana for the following purpose:

_____ Water Leak* _____ Other (please explain below)**

This application is in lieu of my personal appearance before the Town Council. I understand that any adjustment is subject to investigation by town personnel, and is not necessarily guaranteed by the Town Council. I know that I have the option of making a personal appearance before the council.

Name: _____

Address: _____

*Applications for leaks should be submitted immediately after the leak is discovered

** For "Other" – Please provide a brief description of why you are applying for an adjustment

Office use only:

Account # _____

Gallons to be adjusted _____

Water charges \$ _____

Sewer charges \$ _____

Total: \$ _____

Customer Signature _____

Date: _____