

**SMYTH COUNTY WATER LEAK REPORT FORM**

Date: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address, if Different: \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Date Leak was Discovered: \_\_\_\_\_ Date Leak was Repaired: \_\_\_\_\_

**To expedite the processing of your Water Leak Report, please complete the following:**

Was the leak inside or outside the structure? \_\_\_\_\_

Did the leak occur in an irrigation system? \_\_\_\_\_

Did the leak occur in a valve/spigot? \_\_\_\_\_

Did the leak occur in a swimming pool or pump? \_\_\_\_\_

Did the leak occur in equipment or due to a mechanical malfunction? \_\_\_\_\_

Has a previous leak report been submitted for this service address? \_\_\_\_\_

Repairs Completed By: *(copies of receipts for repairs required)* \_\_\_\_\_

Description of leak and completed repairs *(for more space, please use the back of this form):*

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the above information is true and complete. I understand and acknowledge that I am responsible for prompt payment of all water and sewer services billed by the Smyth County Water & Sewer Department. I further understand that submission of this leak report is a request for consideration for a leak credit under Smyth County Water & Sewer Department Policy and does not relieve me of responsibility for payment for water and sewer charges.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**