



City of Belleville

Sewer Billing Department
101 S. Illinois Street
Belleville, IL 62220
(618) 233-6810
sewerbilling@belleville.net
www.belleville.net

Leak Adjustment Request Form

Date: _____

Name: _____ Telephone Number: _____

Email Address: _____ Account Number: _____

Service Address: _____

Date of Repair: _____ Date Leak Detected (if known): _____

Type of Leak: _____

Multiple horizontal lines for providing details about the leak.

If interior leak, did the water flow to a drain? [] Yes [] No

Please provide copy of repair invoice or receipt for parts purchased to correct the leak.

Water usage must return to previous average before determination of your adjustment will occur. Additional readings may be needed to establish an average for the account.

I understand that completion of this form does not guarantee a sewer adjustment will be given. I also understand that all documents, including repair receipts, must be received before my account will be reviewed for any adjustment. I also certify that all the information submitted is true and accurate and applies to the account for which the credit is requested.

Signature: _____ Date: _____