



BOLIVAR PENINSULA SPECIAL UTILITY DISTRICT
 P.O. BOX 1398 • 1840 HIGHWAY 87 • CRYSTAL BEACH, TX 77650
 PHONE (409) 684-3515 • TOLL FREE (800) 684-3127 • FAX (409) 684-2922

LEAK ADJUSTMENT REQUEST FORM

Date: _____

Account No.: _____

Name: _____

Service Address: _____

Home Tele.:() _____ Work Tele.:() _____

I am hereby requesting that Bolivar Peninsula Special Utility District allow an adjustment to my account due to a leak resulting in high usage. I understand that I am allowed this adjustment only once per year.

 Customer Signature

Current Charges: \$ _____

ADJUSTMENT

No. 1000 gal units used: _____ gal – 2 units = _____ units

Units _____ x \$2.50 = \$ _____

+ Base Fee: \$ _____

Subtotal: \$ _____

Reg. Fee (x.005) \$ _____

Total New Charges: \$ _____

 District Representative Signature

Office Use Only		
\$ _____	-	\$ _____
Current Amount		Adjusted Amount
	=	\$ _____
		RVS Amount to Enter (-)