



**BOLIVAR PENINSULA SPECIAL UTILITY DISTRICT**  
 P.O. BOX 1398 • 1840 HIGHWAY 87 • CRYSTAL BEACH, TX 77650  
 PHONE (409) 684-3515 • FAX (409) 684-7515

**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 \$3.00 = \$ \_\_\_\_\_

+ Base Fee: \$ \_\_\_\_\_

*Subtotal:* \$ \_\_\_\_\_

Reg. Fee (x.005) \$ \_\_\_\_\_

**Total New Charges:**        \$ \_\_\_\_\_

\_\_\_\_\_ District Representative Signature

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