CITY OF BOERNE WATER LEAK ADJUSTMENT REQUEST

Instructions: Please complete this form and attach your receipt for plumbing repairs. Return completed form and attached receipt to the City of Boerne Billing Office:

In person: 447 N Main St
By mail: PO Box 1677 Boerne, TX 78006
By email: Billing@boerne-tx.gov
By fax: (830) 248-1120

Date: _______________ Account Number: _____ - _____________

Account Holder: ________________________________________________

Contact Phone Number: _______ - _______ - _____________

Service Address: _______________________________________________

Date range of leak was from: ___________ - ___________ to the best of my knowledge.

Customer’s Affirmation

A plumbing problem, at the above service address, has resulted in water consumption being more than 50% higher than the normal water usage. Additionally, if the leak was between December and March, please check the sewer calculation to determine if the high consumption affected the monthly sewer charge. If so, please adjust accordingly.

______________________________________________________________
Customer Signature

Office Use Only Note:○ Scanner letter/receipt:○ WLA:○