1951 W Park Rd • P.O. Box 970 • Elizabethtown, KY 42702 Telephone (270) 737-1056 • Fax (270) 737-2301 • www.hcwd2.org

Final Leak Adjustment Consent

By requesting this leak adjustment, I understand that I will be using the fina	•
allowed for these types of problems at my address until \ from the date of my first leak adjustment. If I have any future leaks, I will be	-
account up on a payment plan.	
Account Number:	
Date:	
Customer Signature:	
Customer Address:	
Clerk:	