



TOWN OF  
HILLSBOROUGH

# REQUEST Leak Adjustment

Billing and Collections Division | Financial Services Department  
105 E. Corbin St., PO Box 429, Hillsborough, NC 27278  
919-296-9450

CustomerService@hillsboroughnc.gov  
www.hillsboroughnc.gov

Please allow 10 business days from this request's receipt for processing. Incomplete applications will be delayed. Proof of repair is required before any adjustments can be made.

**Leak Adjustment Eligibility:** A leak adjustment for non-beneficial use of domestic water may be granted by the Town of Hillsborough if no adjustments have been granted within the current calendar year and it is deemed that the usage is unusually large.

**Adjustment Procedure:** The average usage for the previous six-month period shall be subtracted from the total actual usage. A credit shall be calculated on the difference using the prevailing usage of the account. All qualifying adjustments will be applied to the account as a credit. Leak adjustment requests must be submitted no later than two months after the billing date of the bill to be adjusted.

**Past Due Bills:** Accounts that have a past due amount may be subject to disconnection of service.

Account Holder's Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Explanation of the leak and steps taken to repair: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Leak Start Date: \_\_\_\_\_ Date Leak Repaired: \_\_\_\_\_

A good faith payment of \_\_\_\_\_ was paid by the due date.

*I hereby agree to conform to all applicable laws and regulations of the Town of Hillsborough, County of Orange, and State of North Carolina (as may be applicable to my request) and certify that the above information is true and accurate to the best of my knowledge.*

Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_