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Bristol 669-7153
Smyth Co. 783-7159

Washington County Service Authority

www.wcsa-water.com

LEAK ADJUSTMENT FORM

Leak Adjustment Policy:

- Adjustment will be made only when the adjustment amount is over \$10.00.
Only one adjustment will be extended to a specific customer account within any 12-month period.

Please complete the following to help us process your high bill adjustment.

Date: _____

Last Name: _____ First Name: _____

WCSA Account Number: _____

Phone Number: _____

Mailing Address: _____

911- or Service Address: _____

The leak was located: [] Inside the house [] Outside the house

Sewer service with: [] WCSA [] Town of Abingdon [] Town of Damascus

Date of leak repair: _____

Customer Signature: _____



Customer Please Stop Here

For Office Use Only

Table with 4 columns: Bill Type, Date, Gallons Used, and Date. Rows include First Normal Bill, Second Normal Bill, First High Bill, and Second High Bill, along with Received Letter, Leak Repaired, and Normal Bill.