TOWN OF BENTON WATER DEPARTMENT

CUSTOMER INFORMATION

	□ WATER LEAK
Customer Name (Name on the Account)/ Phone #	☐ FILLED MY POOL
Street Address:	\Box other
Date of Repair if Leak / Location of Leak on the Property OWNER RENTER	Please attach copies of documentation: (LEAKS: Receipts from repairs, invoice from plum (POOL ADJUSTMENT: Pool Specifications, Size Number of Gallons)
I,, swear or affirm	to the following statement
I hereby state that the information above is true, to the	e best of my knowledge.
Signature: Date:	
Signature: Date:	
Signature.	
Signature.	
Signature.	DATE OF ADJUSTMENT (SYSTEM)
OFFICE USE ONLY	DATE OF ADJUSTMENT (SYSTEM)
OFFICE USE ONLY ACCOUNT No. / LOCATION No.	DATE OF ADJUSTMENT (SYSTEM)
OFFICE USE ONLY ACCOUNT No. / LOCATION No.	DATE OF ADJUSTMENT (SYSTEM)
OFFICE USE ONLY ACCOUNT No. / LOCATION No.	DATE OF ADJUSTMENT (SYSTEM) Amount Adjusted \$
OFFICE USE ONLY ACCOUNT No. / LOCATION No.	
OFFICE USE ONLY ACCOUNT No. / LOCATION No. REASON / ADJUSTMENT DESCRIPTION Signature of employee making adjustment	Amount Adjusted \$
OFFICE USE ONLY ACCOUNT No. / LOCATION No. REASON / ADJUSTMENT DESCRIPTION Signature of employee making adjustment NOTE: All adjustments must be preapproved before entered	Amount Adjusted \$
OFFICE USE ONLY ACCOUNT No. / LOCATION No. REASON / ADJUSTMENT DESCRIPTION Signature of employee making adjustment	Amount Adjusted \$ ring in the system. Codes: W-11 S-21 Outside
OFFICE USE ONLY ACCOUNT No. / LOCATION No. REASON / ADJUSTMENT DESCRIPTION Signature of employee making adjustment NOTE: All adjustments must be preapproved before entered	Amount Adjusted \$ ring in the system. Codes: W-11 S-21