



Social Circle Water Department

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Leak Adjustment Request Form

In the event a customer receives an abnormally high bill as a result of a loss caused by leak, a one-time courtesy leak adjustment may be granted once a repair is made.

1. SCWD Management reserves the right to deny adjustment requests.
2. Customers are eligible for one (1) leak adjustment per twelve month period.
3. The leak must be repaired prior to requesting an adjustment.
4. Adjustments will be considered for the two highest bills.

Customer's Request

1. Customer Name: _____
2. Service Address: _____
3. Phone Number: _____
4. Date Leak was repaired: _____
5. Describe location of leak and what had to be repaired: _____

6. Repairs made by: Customer Plumbing Company/Contractor
- If repaired by a plumber, provide a copy of the bill.
 - If repaired by customer, provide copy of receipts.

Submittal of a leak adjustment request does not exempt you from payment. Please continue to pay your water bill by the due date. If you are unable to pay your account in full, please contact SCWD, prior to your due date, so that you can discuss a special payment arrangement.

SCWD Management Review

Check for Leak Repaired: Service Order # _____

Adjustment Amount: _____ Adjustment Date: _____