

NORTH GARLAND COUNTY REGIONAL WATER DISTRICT

"A COMMUNITY SERVICE ORGANIZATION"

P.O. Box 8700

Hot Springs, AR 71910

PHONE (501) 620-4118 FAX (501) 318-0304

TTY: 7-1-1

APPLICATION FOR LEAK ADJUSTMENT

Please print clearly

Application with missing or incomplete information will be rejected.

Applicant Information

ACCT # _____ - _____ - _____

Applicant Name

Property Management Company (if applicable)

Service Address

City/State/Zip

Mailing Address (If different from above)

City/State/Zip

Day Time Phone Number

Alternate Phone Number

I am the: Property Owner Tenant Property Manager Other _____

Approximate date leak began: _____ Date Leak Repaired: _____

Description of leak and repair (***Please attach plumbing receipts:***)

Application Agreement

I do hereby attest the information above is true and correct, I further attest I have verified the water lines at this property are leak free. I understand that this property will not be eligible for any future leak adjustments for the next 12 months if this request is approved.

Applicant Signature

Date

Forms can be submitted by:

Fax: 501-318-0304

U.S. Mail: P.O. Box 8700, Hot Springs, AR 71910

Email: amanda.ngcwater@gmail.com