

**ATHENS-CLARKE COUNTY – PUBLIC UTILITIES – WATER BUSINESS OFFICE  
ABOVE GROUND ADJUSTMENT**

**CUSTOMER TO COMPLETE**

Please Print

Water Account Number \_\_\_\_\_ - \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Name on Account \_\_\_\_\_

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

Mailing Address (if different from location) \_\_\_\_\_

Email Address \_\_\_\_\_

Please Check One: Single Family \_\_\_ Duplex \_\_\_\_\_ Apt. Condo \_\_\_ Commercial \_\_\_\_\_

Do you live at this location? \_\_\_\_\_ Number of persons in household? \_\_\_\_\_

Number of houses on this meter \_\_\_\_\_ Amount of Bill which shows Leak \$ \_\_\_\_\_

Gallons shown on bill during problem? \_\_\_\_\_

Briefly Describe Your Leak Problem: \_\_\_\_\_

Signature of Customer: \_\_\_\_\_

Date: \_\_\_\_\_

**How We Determine High Bill Adjustments**

Once it is determined that a problem has been resolved, an adjustment can be issued. **The request for an adjustment must be received no later than 6 months past the repair date for it to be considered. A customer is limited to 1 adjustment per year whether above ground or underground.**

The consumption in Tiers 2, 3 and 4 will be reduced to Tier 1 and charged at the Tier 1 consumption rate. No adjustment is given on the sewer portion of the bill. Please attach a copy of the repair invoice.

**PLUMBER TO COMPLETE**

This is to certify that on (date) \_\_\_\_\_ the plumbing firm of \_\_\_\_\_

made the following repairs at the above location: \_\_\_\_\_

Date: \_\_\_\_\_

Plumbers Signature: \_\_\_\_\_

Revised 5/22 VH

\*\*\* ACC Public Utilities reserves the right to contact the Plumber and/or make a site visit for visual review of repair(s) made.

Submit completed Leak Adjustment Form:

Mail/in person: 124 E. HANCOCK AVENUE, ATHENS, GA 30601/ email: [wbo.c2g@accgov.com](mailto:wbo.c2g@accgov.com) Fax: (706) 613-3761

Questions: (706) 613-3500