



Douglasville-Douglas County Water and Sewer Authority

Billing/Customer Service Department
Post Office Box 1157 • Douglasville, GA 30133
Tel: (770) 949-7617 • Fax: (678) 631-1515
Email = customerservice@ddcwsa.com

Dear Customer:

The Douglasville-Douglas County Water and Sewer Authority is committed to water conservation and encourages customers to do their part to reduce lost water by repairing leaks in a timely manner. The Authority is responsible for providing water to its customers at each metered location, and customers are responsible for properly maintaining the water system connected to their side of the meter. The customer (account holder) is responsible for any water lost due to leaks or breakage of their lines. As a courtesy to our customers, the Authority will review a customer's request for a rate adjustment due to a leak on the customer's side of the meter. To be considered for a leak rate adjustment, the following requirements must be met:

- Leak must be repaired within thirty days following notification by the Authority or detection by the customer.
- Request for a rate adjustment must be made within two months of repair.
- Customer is responsible for maintaining full payment of balance due or payment arrangements until request is granted or denial of request is made.
- Any payments not paid by the due date will subject the account to a late penalty and/or termination of service.

If you are applying for a rate adjustment due to a leak situation, please fill in the form below and sign where indicated. Along with this form you are required to provide proof that the leak has been repaired. This may be in the form of a receipt for supplies purchased or a copy of an invoice from a licensed plumber. If you made the repairs yourself and no receipt is available, then you are required to provide a letter specifying what repairs were made and the date of the repairs. No leak credit will be issued without the submission of all appropriate documentation.

DATE: _____ ACCOUNT NUMBER: _____

CUSTOMER NAME: _____

DAYTIME PHONE: (____) _____ EMAIL: _____

LOCATION ADDRESS: _____

LOCATION OF LEAK (circle one) House Yard Other

Please Describe Leak: _____

REPAIR DATE: _____

I understand that completion of this form does not guarantee a water/sewer rate adjustment will be given. I also understand that all documents, including repair receipts, must be received before my account will be reviewed for a leak adjustment. I also certify that all of the information submitted is true and correct and applies to the account for which the credit is sought.

CUSTOMER SIGNATURE: _____ DATE: _____