

**GREATER JOHNSTOWN
WATER AUTHORITY**

PO Box 1407
640 Franklin Street
Johnstown, PA 15907
(814) 533-4300 Fax (814) 536-0770

REQUEST FOR AN ADJUSTMENT TO A HIGH BILL CAUSED BY A LEAK

ACCOUNT NUMBER: _____

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

DAYTIME TELEPHONE NUMBER: _____

On a separate sheet of paper, please explain where and how the water loss occurred.

Date(s) of Water Loss _____

Is the account occupied? _____

Is the account vacant? _____

Do you have insurance on the property or its contents? _____

If so, please provide the following information:

Name of Insurance Company _____

Policy Number _____

Agent's Name _____

Agent's Address _____

Agent's Phone Number _____

Has a claim been filed with your carrier? _____

Are repairs complete? _____

Please enclose a copy of the repair bill if available.

AS STATED IN THE GREATER JOHNSTOWN WATER AUTHORITY RATES, RULES AND REGULATIONS, THIS TYPE OF BILLING ADJUSTMENT IS ONLY ALLOWABLE ONE TIME. IF GRANTED, A FEE OF \$100.00 WILL BE CHARGED AND INCLUDED IN THE FINAL ADJUSTMENT FIGURE. NO FEE WILL BE IMPOSED IF THE ADJUSTEMENT IS DENIED.

Please read and sign the back of this form

I hereby verify that the statements made herein are true and correct to the best of my knowledge, information and belief. I further acknowledge and understand that statements herein are punishable as a misdemeanor under the Pennsylvania Crimes Code, 18 Pa. C.S.A. Section 4904, relating to unsworn falsifications to authorities. My signature below constitutes my consent for the GJWA to contact my insurance carrier.

Date: _____ Signature: _____

PLEASE RETURN TO: THE GREATER JOHNSTOWN WATER AUTHORITY
ATTN: MANAGER
P.O. BOX 1407
JOHNSTOWN, PA 15907