

# Rockingham County Water System



## NO RECEIPT AVAILABLE FORM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

(Please Print)

Service Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_

Please describe where your water line or related appurtenance broke: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe how the water line or related appurtenance was repaired:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you provided pre and post photo documentation?

Please indicate why no receipts are available for the repair:

Receipt(s) were lost     No repair parts or commercial establishment used     Other\*

\*If you checked "Other", please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*By signing this form, I certify that I understand the terms and conditions of the Rockingham County Leak Adjustment Policy and that the leak described above has been repaired, even though no receipts were provided.*

\_\_\_\_\_

Signature

\_\_\_\_\_

Date