



## Leak Repair Affidavit

For an adjustment to be considered, please return this completed form to Springdale Water Utilities along with **copies of repair receipts**.

Water Account Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name on Account (please print): \_\_\_\_\_

Service Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date the leak was repaired: \_\_\_\_\_

Who repaired the leak? \_\_\_\_\_

Location of the leak: \_\_\_\_\_

(Where was the leak, i.e. yard line, toilet, sink, hot water tank, etc.)

How was the leak repaired?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If more space is needed, please use back)

*By signing, I swear or affirm that the above and foregoing information is true and correct to the best of my knowledge and belief.*

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

Please return the completed form with **leak repair receipt(s)**

In Person to: Springdale Water Utilities | 526 Oak Ave | Springdale, AR

By Mail to: Attn: Billing | Springdale Water Utilities | PO Box 769 | Springdale AR 72765

By Fax to: (479) 750-4039 | Attn: Billing

By Email to: [billing@springdalewater.com](mailto:billing@springdalewater.com)