



REQUEST FOR LEAK ADJUSTMENT FORM

DATE: _____

NAME ON ACCOUNT: _____

ADDRESS:

PHONE #: _____

EMAIL ADDRESS: _____

ACCOUNT # _____

LOCATION OF LEAK: _____

DATE LEAK WAS REPAIRED: _____

NAME OF PERSON COMPLETING/SUBMITTING FORM: _____

Attach documentation providing leak was repaired (receipt for plumbing supplies, invoice for plumbing company, etc.). If no documentation is available, explain why and how the repair was made:

This form can be mailed to the address below, dropped off at City Hall or emailed to shwater@springhilltn.org.

SIGNATURE: _____

199 Town Center Parkway
P.O. Box 789
Spring Hill TN 37174

Phone: 931-486-2252
Fax: 931-486-0516
www.springhilltn.org

7/21/2021