LEAK FORGIVENESS APPLICATION

Date: 

Name: 

Mailing Address: 



Service Address: 



Telephone:

Home:  Work:  Cell: 

Account Number: 

\*\* I understand that I may receive bill forgiveness only if I provide all applicable documentation of leak repair to the Brooklyn Utility Association. I also understand that I will be eligible for one Leak Forgiveness adjustment within a 24-month period.

Amount requested for forgiveness: 

Details of Leak and Repair: 





Signature: 

For Office Personnel only:

Date request received by BUA office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Adjusted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Final Balance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_