

# 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 IN DISPUTE: \_\_\_\_\_

DETAILS OF LEAK AND REPAIR:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

For office personnel only:

REQUEST RECEIVED BY BUA OFFICE: \_\_\_\_\_

AMOUNT ADJUSTED: \_\_\_\_\_

FINAL BALANCE: \_\_\_\_\_