



LEAK RATE POLICY

439 Water Supply Corporation hereby establishes the following Leak Rate Policy. The Leak Rate Policy shall not be effective prior to approval by the Board of Directors; thereafter, the criteria for any leak rate adjustment shall be as follows.

It is the policy of the Corporation to allow one leak rate adjustment in any consecutive twelve-month period. Applicant must submit the Leak Rate Adjustment Request form in writing to the Corporation, and appear upon request at the next scheduled meeting of the Board of Directors. Applicant must also present a repair bill or other documentation that confirms that there was a leak and that it has been repaired. The documentation must include the date of the repair.

The applicant's average water usage for the month in question plus the prior 11-month calendar period or similar climate period shall be considered as a basis of the Corporation's decision. If the applicant is a recent customer, the Corporation may use data from similar customers in similar areas to the applicant as a basis for its decision.

The Corporation will subtract the average usage from the bill in question in order to estimate the amount of water potentially lost due to the leak, the "excess usage". The excess usage may be used to determine the adjustment, if any.

The rate for the excess usage will be set on an annual basis by the Board of Directors and will be a reasonable estimation for the Corporation's cost for water leakage.

The Corporation's monthly minimum billing plus the standard rates for the average usage will be in addition to the billing for the excess usage at the leak rate.

An application for Leak Rate Adjustment does not relieve the customer from paying any outstanding charges when due nor does it exempt the customer from late fees or disconnection/reconnection in accordance with the standard policies of the Corporation. If a Leak Rate Adjustment is granted by the Corporation, the customer may request that the adjustment be applied as credit to their account or refunded by company check in accordance with the next routine payables process of the Corporation.

6202 Sparta Road, Belton, TX 76513
(P): 254-933-2133 (E): 439water@439watersupply.com (F): 254-933-2509

439 Water Supply Corporation is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint form (PDF), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, office of Adjudication, 1400 Independence Avenue, S. W., Washington, D. C. 20250-9410, by fax (202) 690 7442 or email at program.intake@usda.gov.



LEAK RATE ADJUSTMENT REQUEST

Member's Name: _____

Account No: _____

Address: _____

Phone No: _____ Email: _____

I, _____ am the Responsible party for the account number _____ which supplies water to the above service address. I am familiar with all the facts stated in this document, including additional documentation attached hereto, and represent and warrant that they are true and correct in all material respects. I hereby request 439 Water Supply Corporation to adjust in accordance with the Leak Rate Policy, the water charge for this account due to a leak beginning on (date) _____ and repaired (ending) on (date) _____ installed at the service address (state none if none was added):

The water leak occurred on my side of the water meter, was not a faucet leak and is described as follows: _____

The water lost from this leak was not used by anyone; it was lost due to the leak.

Attached is documentation showing the type and costs of the repair and I agree to provide additional documentation at the request of the Corporation.

I understand that to complete this request, it is not necessary to attend the next scheduled Board of Director meeting to discuss my request for leak adjustment unless requested to do so.

I certify that this application is complete, contains no false statements, and I have received a copy of the Leak Rate Policy.

Signature of the Person Requesting a Leak Adjustment: _____

Print Name: _____ **Date:** _____

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