



Beaufort County Water Department

111 West 2nd Street
Washington, NC 27889
252-975-0720

LEAK ADJUSTMENT REQUEST FORM

One adjustment allowed in a thirty-six (36) month period.

BCWD must be notified of the leak before the due date of the bill that reflects the leak.

Customer's Name _____

Account Number _____

Service Address _____

Telephone Number _____

Date of Repair _____

(attach receipts)

Provide a brief description of the repair below:

Customer Signature _____

Date _____