

City of Boone 923 8<sup>th</sup> Street Boone, IA 50036

Account Holder - Primary							
Name	Phone			Date Accou		umber	
Property Address			Mailing Address (if different)				
What caused the leak?							
what caused the leak?							
What has been done to repair the	<mark>e leak?</mark> (ple	ase subr	nit receipts v	erifying that leaks have	been repaired)		
				<i></i>			
Do you understand that future claims for the same leak may be denied if you have not taken adequate precautions to repair the							
leak? <mark>(initial here)</mark> () Do you have a pool?   Yes     No (if yes, what is the size of the pool: )							
FIELD STAFF USE ONLY:							
Leak Verification Comments:							
Signature		Da	te				
OFFICE USE ONLY:							
Coverage Calculation				Deductible			
Billed Leak Event Date				The account holder shall be responsible for the average bill as well as the first \$100 <b>OR</b> 10% of the excess usage, whichever is greater.			
Billed Leak (total bill)	\$	\$					
12 Month Average*	\$	\$		]			
Deductible (at right)	\$	\$		Leak Total – Resp	onsibility	Reduction	
					=	: \$	
Account Holder Responsibility:	\$	\$					
* without adequate usage history will	-				sure claim is respond	ed to immediately.	
Litility Billing Companying	Approvarmust be	grunted		tments noted below.			
Utility Billing Supervisor (515) 432-4211 ext 1110			Public Works Director   (515) 432-4211 ext 1400 Approved Denied				
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Signature Date			Signa	Signature Date			
Comments:			-	omments:			