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**LEAK ADJUSTMENT REQUEST FORM**

*Please allow ten (10) business days for your request to be processed. Customers requesting an adjustment are responsible for making all payments on or before the date due.*

Customer Name: \_\_\_\_\_

Customer Account #: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Service Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby notify Isle of Palms Water & Sewer Commission (IOPWSC) that I have sustained a water leak at the above address and that it has been repaired. I am requesting an adjustment to my bill per IOPWSC policy. I understand that signing this form does not guarantee a billing adjustment will be granted. I am providing a copy of the paid repair bill and/or material receipts. I also understand that failure to provide proper documentation may result in a denial of this leak adjustment request. If approved, IOPWSC will **only adjust up to two (2) consecutive billing cycles if applicable**. I understand that by accepting an adjustment offer made by IOPWSC, I am utilizing my one leak adjustment per 12-month period per account. IOPWSC will complete a review and notify customer decision within ten (10) business days.

I understand this form does not relieve my responsibility for payment.

Approximate Date(s) of Leak: \_\_\_\_\_

Date Leak Repaired: \_\_\_\_\_

Leak Repaired By: \_\_\_\_\_

Location of Leak: \_\_\_\_\_

Signature of Customer: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE ATTACH THE PROOF OF REPAIR DOCUMENTATION.**

Submit to:  
Isle of Palms Water & Sewer Commission  
Attn: Leak Adjustment  
P.O. Box 528  
Isle of Palms, SC 29451  
Or email to: [info@iopwsc.com](mailto:info@iopwsc.com)