

**MILCROFTON UTILTIY DISTRICT
6333 ARNO ROAD
FRANKLIN, TENNESSEE 37064
(615) 794-5947**

I, _____, understand that Milcrofton Utility District has a leak adjustment policy, allowing one leak adjustment per year, which will be 365 days from the date of this form.

SIGNATURE: _____

DATE: _____

ACCT. NO: _____

ADDRESS: _____

PHONE: _____

FOR OFFICE USE ONLY:

IF TWO MONTHS IS DUE:

Total Bill Amount: _____

Adjustment Amount: _____

New Bill Amount: _____

** Please return with proof of repair, for a leak adjustment.