



Drinking Water You Can Trust

**MEMBER REQUEST
FOR ONE TIME LEAK RELIEF**

Date:

Member Name(s):

Property Address:

Phone:

I/We would like to request that I/We would like to exercise the one time leak relief at this time. I/We understand that this relief will be issued only once during my/our ownership of this membership.

I/We experienced a leak on _____ in the amount of _____gallons.

Signed:

UBWA Member Signature

UBWA Member Signature