



REND LAKE CONSERVANCY DISTRICT

P.O. BOX 907 ■ 11231 MARCUM BRANCH ROAD ■ BENTON, ILLINOIS 62812
TELEPHONE: (618) 439-4321 ■ FAX: (618) 439-2400

Leak Allowance Request Form

Date: _____
Account #: _____ Location #: _____
Name: _____
Service Address: _____
City: _____ State: _____ Zip: _____
Telephone #: _____
Date(s) of Leak: _____
Date Leak was Fixed: _____

Please explain the reason you are requesting a *Leak Allowance*:

*By signing below, you agree that the above request for a leak allowance is a true and accurate statement. Proof of leak and/or repairs **MUST** be submitted with the request, i.e., plumber bill, receipt for repair parts. Requests submitted without proper documentation will be denied.*

Customer Signature

**Please complete this form and return it along with proper documentation to the address listed above.

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