



Eastover SANITARY DISTRICT

NO RECEIPT AVAILABLE FORM

Name: _____
(Please Print)

Date: _____

Service Address: _____

Account Number: _____ Bill Date: _____ Amount: _____

Please describe where your water line or related appurtenance broke: _____

Please describe how the water line or related appurtenance was repaired: _____

Please indicate why no receipts are available for the repair:

Receipt(s) were lost No repair parts or commercial establishment used Other*

*If you checked "other", please explain: _____

By signing this form, I certify that I understand the terms and conditions of the Eastover Sanitary District Leak Adjustment Policy and that the leak described above has been repaired, even though no receipts were provided.

Signature

Date