



TOWN OF BENTON
ADJUSTMENT REQUEST AFFIDAVIT
WATER DEPARTMENT
(318) 965-2781 Office
(318) 965-2577 Fax

- LEAK ADJUSTMENT ANNUAL POOL ADJUSTMENT
Please include date of repair and location of leak. *Please provide pool specifications including size and gallon capacity.*

Today's Date: _____

Name on Account: _____

Location Address: _____

- HOMEOWNER TENANT

I, _____, swear or affirm to the following statement:

I SWEAR OR AFFIRM THAT THE ABOVE AND FOREGOING REPRESENTATIONS ARE TRUE AND CORRECT TO THE BEST OF MY INFORMATION, KNOWLEDGE, AND BELIEF.

Signature	Print Name
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Please submit any additional paperwork along with affidavit (example: invoices, work orders, receipts, etc.).

FOR OFFICE USE ONLY: Account Number: _____

