



**Water Utility Management, LLC.**

28 Abercorn Street - Savannah, GA 31401

PO Box 1526 - Savannah, GA 31402

[www.WaterGA.com](http://www.WaterGA.com)



**Unexplained High-Water Usage Application**

Please complete the following form; any missing information may delay the processing of this application or cause the application to be rejected. Water Utility Management allows a residential customer to apply for an Unexplained High Water Usage Adjustment on their bill provided that:

- The customer has at least 6 consecutive months of water use at the service address.
- The Unexplained High Water Usage bill was greater than two times the average water use.
- The customer has not received an Unexplained High-Water adjustment in the previous 24 months.
- The customer has submitted this application within 60 days of the end date for the service period in question.

*All information marked by asterisk (\*) is required.*

Name on Account:\* \_\_\_\_\_

Service Address:\* \_\_\_\_\_

Account Number:\* \_\_\_\_\_ Phone Number:\* \_\_\_\_\_

Email Address:\* \_\_\_\_\_

Service period of High-Bill Dates :\*(00/00/0000-00/00/0000) \_\_\_\_\_

1. Does this service address have landscaping that is watered (circle)? \* Yes / No
2. If an irrigation system is used, can you confirm the system does not have any broken or leaking sprinkler heads, no excessive run times, and no water run-off? \* Yes / No
3. Circle the days the irrigation system is set to run: \*

Mon Tue Wed Thu Fri Sat Sun None

4. Circle the days landscaping is watered with a hose: \*

Mon Tue Wed Thu Fri Sat Sun None

5. Does this service address have a pool or spa? \* Yes / No
6. Does this location have a water softener?\* Yes / No
7. If on a waterfront property, does this location include a dock with plumbing?

Yes / No / N/A

8. During the *period covered* by the high bill:

a. Were you away from the property? \* Yes / No If yes, how many days? \_\_\_\_\_

b. Have you established a new landscape (new sod, new trees, xeriscaping)? \* Yes / No

c. Were there any plumbing repairs? \* Yes / No If Yes, list repairs: \_\_\_\_\_

d. Did you refill your pool or spa? \* Yes / No

Signature: \* \_\_\_\_\_

Date: \* \_\_\_\_\_