



# CITY OF RIPON

100 Jackson Street \* Ripon, WI 54971-1396

## Application for One-time Leak Adjustment

Please print clearly and review the program rules. Applications with missing or incomplete information will be rejected.

### Applicant Information

Applicant name

Property Management Company (if applicable)

Address

City/State/Zip

Mailing address (if different from above)

City/State/Zip

Daytime phone number

I am the:  Property owner  Tenant  Property Manager  Other (please specify)

Approximate date leak began: \_\_\_\_\_ Date Leak Repaired: \_\_\_\_\_

Description of leak and repair:

### Application Agreement

The leak adjustment is a **one-time** credit on your utility bill. I understand that this property will not be eligible for any additional leak adjustments in the future if this request is approved.

Applicant Signature

Date

Property Owner or Management Company Signature (if applicable)

Date

### Submission Instructions:

Forms can be submitted by email, U.S Mail or dropped off at city hall.

Email: Send completed applications as an attachment to [ADMIN@cityofripon.com](mailto:ADMIN@cityofripon.com)

Mail: City of Ripon  
100 Jackson Street  
Ripon, WI, 5497