LOSS PROTECTION CLAIM FORM

Customer Name:	
Service Address:	
Phone Number:	
Account Number:	
(Office Only) Route Meter:	

Please provide a brief explanation of the leak: _____

_____

_____

_____

Location of leak (check one):

☐ External Water Line If external, was this in an irrigation line? _____

☐ Internal Water Line

Date leak was discovered: _____

Date leak was repaired: _____

Leak was repaired by:

Name:	
Address:	
Phone:	

A copy of all receipts for the repair are required for processing.

Acknowledgement:

I certify that the information provided in this form is true and that reimbursement for any eligible leak is subject to meeting the terms of the Leak Adjustment Policy. I also certify that I have authority to make a claim for this account.

Name: _____

Signature: _____

- Please complete all the information requested on the first page and above.
- Attached all receipts for this repair • Submit to EPWSA in person, by mail or email

Mail: 663 Godfrey Road
Eatonton, GA 31024

Email: service@epwsa.com