



**Town of Truro
Water Leak Adjustment Request Form**

Name: _____ Date: _____

Address: _____ Account Number: _____

Phone Number: _____ Email Address: _____

Are you a Property Owner? _____ Yes _____ No

Do you live on the property? _____ Yes _____ No

Have you received a leak adjustment before? _____ Yes _____ No

Where did this leak occur? _____

Who repaired the leak and on what date(s)? _____

Submit your request form, with copies of all receipts related to the repair to:
Town of Truro
Public Works Department
695 Prince Street
Truro, NS B2N 5C5
Email: publicworks@truro.ca

If you require additional information about the Town of Truro Water Leak Adjustment Policy, please visit www.truro.ca

For Office Use Only	
Application Complete?	_____ Yes _____ No
Notes:	_____ _____
Director of Public Works Authorization (or delegate):	_____