

STATE OF SOUTH CAROLINA)
)
)
COUNTY OF EDGEFIELD)

**AFFIDAVIT FOR WATER LEAK
ADJUSTMENT**

PERSONALLY APPEARED BEFORE ME the undersigned who, after being duly sworn, states as follows:

- I receive water service from the Edgefield County Water and Sewer Authority (ECWSA) at the address of: _____
My account number is: _____
My telephone number is: _____
- A brief description of this leak is as follows: _____

- The leak was repaired by _____ on or about _____.
I acknowledge that there is no longer a leak, and it has been repaired to my satisfaction.
- I also acknowledge that a proper adjustment will be given to me by ECWSA and that I will be responsible for the balance of the bill and that no further adjustments will be made for at least the next thirty-six (36) months from the date of this affidavit.
- In the event that a leak should occur within the 36 months from the date of this affidavit, I will be responsible for repairing the leak and for any water bill related thereto.
- I make this affidavit under penalty of perjury realizing that if I have made any false statements or representations, I may be prosecuted to the fullest extent of the law.

Customer

Witness

SWORN TO AND SIGNED BEFORE ME BY
THIS _____ DAY OF _____, 20__

NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES _____