

CITY OF ARNOLDSVILLE
WATER LOSS PROTECTION
CLAIM FORM
CLAIM # _____

Owner: _____ Date: _____

Service Address: _____

Water Account No.: _____

Date(s) of Loss: _____

Type of Leak: _____

Repaired by: _____
(receipts provided)

I hereby swear or affirm that the above described water leak was not intentionally caused by me or any of my agents.

I hereby swear under penalty of law this the _____ day of _____ 2018

Property Owner Signature