

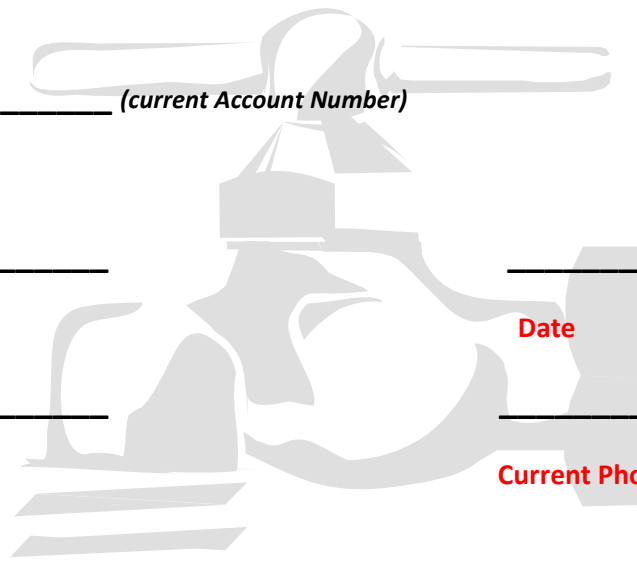
# River Road Utility District

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## LEAK ACCOUNT REQUEST

I would like to request that a Leak Account be set up in my name for the property located at \_\_\_\_\_ . I Will Pay (3) times my average bill every month on my leak account and understand it will need to be paid in full within 12 months.

*I understand I can and will be disconnected for nonpayment on the leak account.*



Account Number: \_\_\_\_\_ (current Account Number)

\_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Current Phone Number \_\_\_\_\_

Initials of RRU Personnel \_\_\_\_\_ Date received \_\_\_\_\_ . Average Payment Due \_\_\_\_\_

2201 River Road Ashland City TN 37015 Phone: 615-792-4603 Fax:(615)-792-3120  
Website: [www.rrudtn.com](http://www.rrudtn.com)

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