



Application for a One-time Leak Adjustment

Please review the [Four Rivers Sanitation Authority FAQs](#) and note that applications with incomplete information or without proof of the leak repair (i.e. receipts or invoices) will be rejected.

Applicant Information

Applicant Name: _____ Account Number: _____

Address: _____

Phone number: _____ Email Address: _____

I am a(n): Property Owner Tenant Property Manager Industrial Customer

Approximate Date Leak Began: _____ Date Leak Repaired: _____

Description of leak and repair:

Application Agreement

The leak adjustment is a **one-time** credit for a FRSA service bill. I understand this property will not be eligible for any additional leak adjustments in the following 12 months if this request is approved.

Applicant Signature: _____

Date: _____

Submission Instructions

Forms can be submitted by email, fax, or U.S. Mail.

Email: esm@fourrivers.illinois.gov

Industrial: JJohnson@fourrivers.illinois.gov

Fax: (815) 387-7513

Mail: FRSA

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