

Brunswick Regional



Water and Sewer

LEAK / POOL ADJUSTMENT REQUEST

Date: _____

Customer: _____

Address: _____

Phone: _____

Account No.: _____

TYPE: Sewer _____ Pool (size) _____

Description of Leak:

Date Repaired: _____

**** Please note a receipt must be provided for a fixed leak ****

MAXIUMUM OF 2 LEAK ADJUSTMENTS PER YEAR
1 POOL ADJUSTMENT PER YEAR / 6000 GALLONS MINIMUM

Headquarters Address

516 Village Road, NE Leland, NC 28451

Office: 910-371-9949

Mailing Address

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