

CATARACT LAKE WATER CORPORATION

PO BOX 624
Cloverdale, IN 46120
765-795-3288

WATER LEAK POLICY (REVISED 3/19/09)

WHEREAS, the Cataract Lake Water Corporation, through its Board of Directors, desires to declare a Water Leak Policy for its rate paying customers.

WHEREAS, the Board of Directors, after discussion among the Board Members at its regular scheduled meetings, decided upon the following policy:

If a customer of Cataract Lake Water Corporation experiences a water leak on the customer's side of the meter, the customer shall pay an average of what his/her water bill was during the previous six (6) or twelve (12) months, whichever reflects a more accurate reading for the month in question. The office personnel shall average the most recent months the customer was at the residence and take average as the base bill.

This policy will be offered only once per customer, only once within a 12 month period, and only if the customer can show the leak has been repaired by presenting a parts bill, or repairmen's invoice to the office, along with a signed statement showing which month the customer would prefer to have adjusted. Note: Some leaks will/may fall into two (2) billing periods; however, only one (1) adjustment will be offered for the same leak and the adjustment will be applied to the highest billing received.

Any other time the customer experiences a water loss within the 12 month period; he/she shall be responsible for the entire amount of the bill.

This policy, now passed and adopted this 17th day of February, 1994, by the Cataract Lake Water Corporation Board by a vote of 8-0.

A form is provided for your convenience to fill out and return to the office.

Thank you,

Cataract Lake Water Corporation
Board of Directors

Cataract Lake Water Corporation
Leak Adjustment
Page 2

Date: _____

Date of water leak: _____

Month customer wants adjusted: (note only one month allowed): _____

Date water leak repaired: _____

Proof of repair: (note copy of parts bill or repair bill):

If you repaired the leak yourself, send a copy of the billing where you purchased the parts to repair or equivalent to such.

Customer's signature: _____

Address of property where leak occurred: _____

CLWC is an equal opportunity provider and employer.