



City of Boone
 923 8th Street
 Boone, IA 50036

**Application for Benefits
 Leak Protection Program**

Account Holder - Primary

Name	Phone	Date	Account Number
Property Address		Mailing Address (if different)	

What caused the leak?

What has been done to repair the leak? *(please submit receipts verifying that leaks have been repaired)*

Do you understand that future claims for the same leak may be denied if you have not taken adequate precautions to repair the leak? (initial here) (_____)

Do you have a pool? Yes No (if yes, what is the size of the pool: _____)

OFFICE USE ONLY:

Leak Verification Comments:

Signature _____ Date _____

Coverage Calculation		Account Type	Monthly Usage Classification	Deductible
Billed Leak Event Date		Residential*	All	\$100
Billed Leak (total bill)	\$	Commercial**	\$199 and below	\$100
			\$200 - \$499	\$100
12 Month Average*	\$		\$500 - \$999	\$200
Deductible (at right)	\$		\$1,000-\$1,999	\$200
Account Holder Responsibility:	\$		\$2,000 and above	\$200

**Residential classification without adequate usage history will be calculated according to available history.
 **Commercial classification without adequate usage history may be classified at the \$500-\$999 range until such usage history is available. It is the responsibility of the account holder to notify the Utility Billing Department for usage reclassification.*

OFFICE USE ONLY:
 Approval must be granted by all Departments noted below.

<p>Utility Billing Supervisor (515) 433-0600</p> <p>Leak Prot. Program</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied</p>	<p>Boone Public Works Dept (515) 432-4211 ext 142</p> <p>Leak Prot. Program</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied</p>
Signature _____ Date _____	Signature _____ Date _____
Comments:	