



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:)

FIELD STAFF USE ONLY:

Leak Verification	Comments:
Signature	Date

OFFICE USE ONLY:

Coverage Calculation

Billed Leak Event Date		
Billed Leak (total bill)	\$	\$
12 Month Average*	\$	\$
Deductible (at right)	\$	\$
Account Holder Responsibility:	\$	\$

Deductible

The account holder shall be responsible for the average bill as well as the first \$100 **OR** 10% of the excess usage, whichever is greater.

Leak Total – Responsibility Reduction

	=	\$
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** without adequate usage history will be calculated according to available history, which may include prior owner to ensure claim is responded to immediately.
Approval must be granted by all Departments noted below.*

Utility Billing Supervisor
(515) 432-4211 ext 1110 ☐ Approved ☐ Denied

Signature	Date
Comments:	

Public Works Director
(515) 432-4211 ext 1400 ☐ Approved ☐ Denied

Signature	Date
Comments:	