



**TRI-COUNTY RURAL WATER DIST. NO. 2**  
**Pottawatomie County, Oklahoma**

LEAK POLICY

I, \_\_\_\_\_, understand that the leak policy can ONLY  
be used one time per year. I am electing to use the LEAK POLICY for the  
billing period of \_\_\_\_\_.

**I understand that a copy of this form and receipts will be placed in the  
account permanent file.**

ACCOUNT # \_\_\_\_\_

\_\_\_\_\_  
Signature of property owner

\_\_\_\_\_  
Date