



MARK R. JOHNSON
Mayor

CITY OF COVINGTON

UTILITY BILLING DEPARTMENT

317 North Jefferson Avenue

Post Office Box 778

Covington, Louisiana 70434

phone 985.892.1811

fax 985.867.1215

website www.covla.com

ADJUSTMENT REQUEST FORM FOR LEAK OR FILLING POOL

CUSTOMER NAME

SERVICE ADDRESS

ACCOUNT NUMBER

PHONE NUMBER

EXPLANATION FOR REQUEST

DATE REPAIRED / FILLED POOL

REPAIRED BY (Attached copy of receipts / invoice)

Customer Signature

Date