



Four Rivers Sanitation Authority

Four Rivers Sanitation Authority
3501 Kishwaukee St
Rockford, IL 61109-2053
Phone: (815) 387-7500

Application for a One-time Leak Adjustment

Please review the [FRSA Billing Questions](#) and note that applications with missing or incomplete information will be rejected.

Applicant Information

Applicant Name: _____ Account Number: _____

Address: _____

Phone number: _____ Email Address: _____

I am the: Property Owner Tenant Property Manager Other (Please Specify) _____

Approximate Date Leak Began: _____ Date Leak Repaired: _____

Description of leak and repair:

Application Agreement

The leak adjustment is a **one-time** credit for a FRSA service bill. I understand that this property will not be eligible for any additional leak adjustments in the following 12 months if this request is approved.

Applicant Signature: _____

Date: _____

Submission Instructions

Forms can be submitted by email, fax, or U.S. Mail.

Email: csm@fourrivers.illinois.gov

Fax: (815) 387-7513

Mail: FRSA

3501 Kishwaukee St

Rockford, IL 61109-2053