



Application for Utility Bill Leak Adjustment

Date: _____

Owner/Renter: _____ Phone# _____

Service Location: _____

Billing Period (please attach a copy of the city bill): _____

Consumption and Amount Billed: _____

Exact nature of the leak and location (this will be inspected by a city staff member):

Plumber name, address and materials used (attach plumber bill or other means of verification):

I hereby certify under the penalty of perjury, under the laws of the State of Washington, that the above is correct and true to the best of my knowledge. I assign any rights I may have against any 3rd party for the recovery of the water/sewer adjustment amount.

Printed name/Place of signature

Signature

Date

C.O.S. Use Only

Accidental Damage Natural Deterioration Abuse Willful Neglect Other

Explanation of cause of "leak" (over-tightened PRV, water left running, 3rd party damage, unknown, etc.)

Leak Repair is adequate

Leak Repair is inadequate (does not provide long-term solution to leak - explain)

Date: _____ Inspected by: _____

Water Adjustment Amount \$ _____ Sewer Adjustment Amount \$ _____

Estimator confirms no prior leak adjustment credits to account location within the last 12 months.

Date: _____ Estimated by: _____

Billing Clerk

Date: _____ Approved by: _____

Finance Director/Treasurer

Date Acct Adjusted: _____

SMC 13.84.070(9-13-10)