



2924 SE Lund Avenue, Port Orchard, WA 98366

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www.customerservice@wsud.us

LEAK ADJUSTMENT REQUEST FORM

PLEASE PRINT

WSUD Acct. #: _____	WSUD Ref. #: _____
NAME: _____	
PHONE #: _____	
Email: _____	
MAILING ADDRESS: _____	
CITY/STATE/ZIP: _____	
SERVICE ADDRESS: _____	

DESCRIPTION OF THE LEAK AND REPAIR: _____

DATE LEAK WAS RECOGNIZED: _____

DATE LEAK WAS REPAIRED: _____

TYPE OF DOCUMENTATION FOR REPAIR:

INVOICE

RECEIPT

OTHER*

**If other, please describe:* _____

PLEASE ATTACH COPIES OF RECEIPTS & ADDITIONAL DOCUMENTATION, AS NECESSARY.

Approved Leak Adjustment amounts will be billed at the first commodity block rate for all consumptions, in accordance with WSUD Resolution 769-18.

By signing this request, I certify that I understand the terms and conditions of the District Leak Adjustment Policy and acknowledge that I will not be eligible for more than one leak adjustment to my utility account in any five-year period.

SIGNATURE: _____ **DATE:** _____