

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.**

If the request for a Leak Adjustment is approved, the amount of the credit shall be calculated for one two-month period. The consumption used to determine the adjustment will be actual consumption from the same billing cycle of the previous year if the current owner/tenant also occupied the property during such billing period, in accordance with WSUD Resolution 579-15.

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 during a calendar year.

SIGNATURE: _____ **DATE:** _____