

OLYMPIC VIEW WATER & SEWER DISTRICT

8128 228TH STREET SW
EDMONDS WA 98026-8449
(425) 774-7769

LEAK ADJUSTMENT REQUEST

Account Number: _____

Customer Name: _____

Address: _____

Date leak discovered: _____

Estimated length of time of leak: _____

Bill(s) affected by leak: _____

Date of repair: _____

Location of leak: _____

I am requesting an adjustment on my billing for the extra expense incurred due to a water leak. The above information is given in support to the request. An adjustment will be made in accordance with Olympic View Water and Sewer District Code 7.24.080. **ENCLOSE COPIES OF RECEIPTS FOR REPAIRS COMPLETED.**

Customer Signature

Date