



Signature

## LEAK ADJUSTMENT REQUEST

Fax: 206-824-0806 Office: 206-824-0375

| NAME:   |              |         |                |             |              |  | ACCOUNT #  |  |  |
|---|--------------|---------|----------------|-------------|--------------|--|--|--|--|
| ADDRESS:  |              |         |                |             |              |  |  |  |  |
| SERVICE ADDR  | RESS:        |         |                |             |              |  |  |  |  |
| CONTACT<br>NUMBERS:   | Home Phone   |         |                | Work Phone  |              |  | TYPE OF LEAK   |  |  |
|   |              |         |                |             |              |  | Service Line Leak  |  |  |
|   |              |         |                |             |              |  |  |  |  |
|   |              |         |                |             |              |  | Irrigation Line Leak   |  |  |
| DATE LINE WAS REPAIRED:   |              |         |                |             |              | Note: <u>A maximum of two adjustments per</u>                        |  |  |  |
| Repaired by:  |              |         |                |             |              |  | <u>owner/per property are allowed</u> . Leak<br>adjustments are offered only for leaks that<br>occur between the meter and the house. If an<br>adjustment is authorized for a <u>repair</u> to the<br>line(s) then a second leak develops, no              |  |  |
| DATE LINE WAS REPLACED:   |              |         |                |             |              | occur be   |  |  |  |
| Replaced by:  |              |         |                |             |              |  |  |  |  |
| Replaced by.  |              |         |                |             |              |  | adjustment will be authorized until the entire   |  |  |
| Adjustment calculations: 50% of the difference between the actual CF of water billed and the "averaged" CF of water consumed during the same billing period of the previous three years – not including the base rate. Adjustment period: Maximum two billing cycles. |              |         |                |             |              | service/i<br>Docume<br>/ replac<br>employe<br>Effective<br>Resolutio | service/irrigation line is completely replaced.<br>Documentation is required to prove the repair<br>/ replacement is complete, and a HWD<br>employee may conduct field verification.<br>Effective date of this policy is 3/3/04 per<br>Resolution 04-3-3C. |  |  |
| entitled to this leak adjustment via one of the following options:  |              |         |                |             |              |  |  |  |  |
| Mail: Highlin   | ne Water Dis | strict, | 23828 30th Ave | S, Kent, WA | 98032        |  |  |  |  |
| or  |              |         |                |             |              |  | Customer Signature   |  |  |
| Email: <u>customerservice@highlinewater.org</u> .   |              |         |                |             |              |  |  |  |  |
| or<br>Fax: 206-824  | 1-0806       |         |                |             |              |  |  |  |  |
| TUX. 200 024  |              |         |                |             |              |  |  |  |  |
| For Office Use Only   |              |         |                |             |              |  | CONSUMPTION  |  |  |
| TOTAL CONSUMPTION BILLED DURING PER   |              |         |                |             |              | ERIOD OF LE  | АК   |  |  |
| From:   |              |         | : То:          |             |              |  |  |  |  |
|   |              |         |                |             |              |  |  |  |  |
| AVERAGE USE FROM PAST BILLINGS OF SAME TIM  |              |         |                |             |              | IE TIME PERIO  | DO   |  |  |
|   |              |         |                |             |              |  |  |  |  |
| TOTAL CONSUMPTION AE  |              |         |                |             |              | N ADJUSTMEI  | NT \$  |  |  |
|   |              |         |                |             |              |  |  |  |  |
| Prepared by:  |              |         |                |             | Approved by: |  |  |  |  |

Signature

REVISED: 12/04/12