

WATER LEAK CREDIT REQUEST



Date Leak Repaired: _____

Type Of Account:

- Residential
- Commercial
- Church
- Apartment or
- Mobile home Ct.

Customer Name: _____

Service Address: _____

I am requesting a leak adjustment for my water service or for my tenants service if I am a landlord. I understand that the adjustment is for only the two highest billings during the time of the leak and that this adjustment will only be given once during a twelve (12) month period. I also understand that this adjustment will be credited to my utility account or the account of my tenant if I am a landlord, only after the consumption has returned to normal.

Note that all leaks must be reported **promptly** and **repaired** promptly to qualify for any type of credit, and the adjustment will be for only one-half of the excess water consumption.

Please describe in full, location of leak and steps taken to make the repair.

You may continue on back of form.

SIGNED: _____

DATE: _____

Return Form and any supporting documentation (repair bill, or parts invoice) to Longview City Hall, Utility Section, 1525 Broadway or mail to City of Longview, PO Box 128, Longview, WA 98632.

CITY USE ONLY:

Account #:	_____
Meter Number:	_____
Leak Verified By:	_____
Credit Amount:	_____ sign and date
Date Adj. Given:	_____
Comments:	_____ _____

NO ADJUSTMENTS WILL BE GIVEN FOR:

- Toilet Leaks
- Faucets Left Running
- Lawn Or Garden Watering
- Leaks Not Promptly Reported
(more Than 60 Days)
- Unsubstantiated Claims