



CITY OF AUBURN
REQUEST FOR WATER LEAK ADJUSTMENT

Mail, fax or deliver this completed form to: City of Auburn Finance Department, 25 West Main Street, Auburn, WA 98001 Fax: 253-876-1900 Phone: 253-931-3038

Customer Name \_\_\_\_\_ Date \_\_\_\_\_

Address where leak occurred \_\_\_\_\_

City account no \_\_\_\_\_ Phone no \_\_\_\_\_

I hereby notify the City of Auburn Finance Department that I have sustained a water leak at the above address and that it has been repaired. I am enclosing a copy of the repair bill and/or materials receipt. I am requesting an adjustment to my utility billing per City Policy. I understand that signing this form does not guarantee a billing adjustment will be made. I further understand that failure to provide receipts will result in an automatic denial of this leak adjustment request.

Approximate date leak noticed \_\_\_\_\_ Date leak repaired \_\_\_\_\_

Leak repaired by \_\_\_\_\_

Exact location of leak \_\_\_\_\_

Signature of Customer \_\_\_\_\_

FOR CITY USE ONLY

Visual inspection of water meter performed by \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

Bill Cycles Adjusted \_\_\_\_\_ Adjust: WATER SEWER BOTH

Reviewed/Calculated by \_\_\_\_\_ Date \_\_\_\_\_

District \_\_\_\_\_