



City of Washougal
Water Leak Adjustment Form

Finance – Utility Billing
1701 C Street
Washougal, WA 98671
(360) 835-8501 • Fax (360) 835-8808
www.cityofwashougal.us

For City Use Only:

CUSTOMER:

| | | | |
|---------|-------|--------|-------|
| _____ | _____ | _____ | |
| Name | Phone | E-mail | |
| _____ | _____ | _____ | _____ |
| Address | City | State | Zip |

Account #: _____ Billing Dates Requesting Adjustment: _____

Service Address: _____

Location/detail of leak:

I attest that the leak, for which this billing adjustment is being prepared, has been repaired: **attached hereto is a copy of proof that said repairs were completed (plumber's invoice or receipt for parts/labor with detailed statement of leak and measures taken to fix leak)**. The owner has a responsibility to repair the leak within 30 days of being notified of the leak to qualify for a leak adjustment. If a leak affects more than one billing cycle, then both billing cycles will be adjusted accordingly.

Signature of Legal Owner or Authorized Agent

Date