Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leak adjustment request form **mus**t include copies of invoices, receipts and or pictures showing repairs have been made. See other side for the City of Kelso ordinance and important information regarding what qualifies for a leak adjustment and the appeal process.

Return all completed information to the City of Kelso Finance Department.

Date Leak Discovered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Leak Repaired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Location of leak and description of repairs made:**

*Please include as much detail as possible. Attach a second piece of paper if necessary*.

By signing below I acknowledge the above information to be true and correct and I further understand that if approved for a leak adjustment I will not be eligible for another adjustment for a period of 24 months and any adjustment given will only cover one (two month) billing cycle.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**See other side for City of Kelso Ordinance**