



REQUEST FOR UTILITY LEAK ADJUSTMENT

Mail, or deliver this completed form to: City of West Richland Finance Department
3100 Belmont Blvd. Suite 100, West Richland, WA 99353

PHONE: (509) 967-3431

➤ ONLY ONE LEAK ADJUSTMENT PER 5 YEAR PERIOD PER ACCOUNT ◀

CUSTOMER NAME _____ DATE _____

ADDRESS WHERE LEAK OCCURRED _____

PHONE # _____ ACCOUNT # _____

I hereby notify the City of West Richland Finance Department that I have sustained a water leak at the above address and that it has been repaired. I am requesting an adjustment to my utility bill per WRMC 13.90.235. I understand that signing this form does not guarantee a billing adjustment will be granted. **I am enclosing a copy of the repair bill and/or material receipts. I also understand that failure to provide receipts may result in a denial of this leak adjustment request. Also, if approved the City will only adjust one billing.**

THIS FORM DOES NOT RELIEVE RESPONSIBILITY OF PAYMENT
TO MAKE PAYMENT ARRANGEMENTS VISIT OUR OFFICE AND FILL OUT A
UTILITY PAYMENT ARRANGEMENT FORM.

Approximate Date Leak Noticed _____ Date Leak Repaired _____

Leak Repaired By _____

Exact Location of Leak _____

Signature of Customer _____ **Date** _____

FOR CITY USE ONLY

Visual Inspection Performed By _____ Date _____

Comments _____

Billing Cycle Adjusted _____

Reviewed By _____ Date _____