



CITY OF SNOHOMISH

116 UNION AVENUE | SNOHOMISH, WASHINGTON 98290 | (360) 568-3115 | WWW.SNOHOMISHWA.GOV

REQUEST FOR ADJUSTMENT DUE TO WATER LEAK

UTILITY ACCOUNT INFORMATION

Property Address:	Name:
Account Number:	Phone:
E-mail:	
Date leak repaired:	Billing period affected:
Description of repairs:	

TERMS

PLEASE INITIAL (required)

As a result of a leak, I received a water and sewer bill substantially higher than my normal consumption for the billing period listed above. I am requesting that my bill be adjusted to a consumption level equal to the same billing period from the previous year.	
I understand that I cannot receive another leak adjustment for this property for 24 months.	
I have attached a copy of my invoice/receipt from a plumber or hardware store for the repair work, proving the leak has been repaired.	

The credit for water and sewer charges is based (hundreds of cubic feet) from high billing period, minus average consumption units from last year, an adjusted overage water rate of \$2.45, and an adjusted sewer rate of \$4.68 (for 5/8" meters inside City limits). A Sewer Winter Average may also be taken into account based on the time of year.

APPLICANT VERIFICATION (required)

I certify that I understand the terms and request the leak adjustment for the billing period specified above.

Applicant Signature	Printed Name	Date
Property Owner Signature	Printed Name	Date

CITY USE ONLY

A Current Year	B Prior Year	A - B	Calculation of Adjustment	
			Water (\$2.45/Outside Water \$3.68) =	Water Billing Adjustment
			Sewer (4.68) =	Sewer Billing Adjustment
WA=			Sewer (\$4.68) =	Sewer Winter Average Credit
Prepared by:	Date:	Total = \$	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	
Accounting Supervisor:	Date:	Reason, if denied:		