

WASHINGTON WATER SERVICE

Request For Water Leak Adjustment

Please complete this application in full and return it to Washington Water Service Company along with a receipt showing that you have had your leak repaired. Receipt(s) must accompany your request form to be processed. Your request for a Water Leak Adjustment can be mailed to: P.O. Box 336, Gig Harbor, WA 98335, faxed to: (253) 857-4001 or emailed to: customerservice@wawater.com. You can also drop it off at one of our local offices nearest you. Our offices are located at:

Toll Free Number: (877) 408-4060

Gig Harbor Office - 14519 Peacock Hill Ave. NW Gig Harbor, WA 98332 Olympia Office - 6800 Meridian Rd. SE Olympia, WA 98513 Rosario Office – 107 Firehouse LN Eastsound, WA 98245

1.	Name on Account:				
2.	Name on Account: Account Number: Contact Telephone Number ()				
3.	Email Address:				
4.	Service Address:				
5.	Mailing Address:				
 Leal	k Repair Information:				
6.	Date Leak Discovered:	Date Lea	Date Leak Repaired:		
7.	Description of Leak:				
Pleas	se Note:				
subm	he company's practice to consider an ac nit a bill from a plumber or other eviden t adjustment as listed below and the crea	ce (receipts) that the leak has	been repaired, Was		
	 The credit will be for one month's use Consumption for the current month adjusted. If no prior consumption his prior year usage. The utility will calculate adjustment The leak adjustment is only available. 	n will be compared with consur- nistory is available then the com- value at 50% of usage times us	npany average bill\c age rates in Schedul	onsumption per householde 2.	
I hav	e read, understand and agree to the leal	k adjustment guidelines:			
Date	Submitted		Signature		_