

SPANAWAY WATER COMPANY, Inc.
POST OFFICE BOX 1000
SPANAWAY, WASHINGTON 98387-1000
(253) 531-9024

2024 REQUEST FOR BILLING ADJUSTMENT FOR LEAK REPAIR (Duplex)

Please fill out this Leak Adjustment Form after your leak has been repaired. Return completed form to our office located at 18413 B St. E. or mail it to P.O. Box 1000 Spanaway, WA 98387. If the adjustment is granted, we will adjust your account according to SWC's leak adjustment policy. This form does not constitute a guarantee of adjustment to your account.

1. Name: _____ 2. Phone: _____
3. Email Address (result will be emailed): _____
4. Property address: _____
5. Account Number: _____ 6. Date: _____
7. Date of bill for which adjustment request is: _____
8. Date leak found or notice given by Spanaway Water (may be on bill stub): _____
9. Date leak repaired: _____
10. Date notice given to Spanaway Water that leak was repaired: _____
11. Nature of Leak: _____
12. Repairs required: (please attach a copy of repair or materials receipt if available) _____

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(DO NOT WRITE BELOW THIS LINE)

For Spanaway Water Company Office Use:

ILF: _____ READ: _____

1. Consumption during leak billing cycle: _____ HCF
2. Normal consumption during billing cycle (3yr avg): _____ HCF
3. Excess consumption due to leak: _____ HCF
4. 1/2 of excess consumption due to leak: (3) _____ /2 = _____ HCF
5. Adjusted bill consumption: (2. normal + 4. 1/2 leak) = _____ HCF
6. Adjusted bill calculation: (using 5. above)

Base Rate and EPA Treatment charges = \$119.06
0-500 CF @ 1.26/ccf. = \$
501 -1,500 CF @ 1.37/ccf. = \$
1,501-2,500 CF @ 1.83/ccf. = \$
2,501-4,000 CF @ 2.58/ccf = \$
4,001-7,500 CF @ 3.38/ccf. = \$
Consumption over 7,501 CF @ \$ 4.01/ccf. = \$ _____
TOTAL ADJUSTED BILL= \$

Adj. by: _____, Adj. Date: _____, Adj. Bill Sent: _____