

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

**2024 REQUEST FOR BILLING ADJUSTMENT FOR LEAK REPAIR**

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 . . . . . = \$59.53  
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: \_\_\_\_\_