

**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.  
You may return it to our office located at 18413 B St. E. or mail it to P.O. Box 1000 Spanaway, WA 98387. We will adjust your account according to the average for the same time period and split the leak portion with you.

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: \_\_\_\_\_ 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: \_\_\_\_\_