

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

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) _____

Per Spanaway Water Company's leak adjustment policy only one adjustment shall be made during any 36-month (three-year) period. Members will only be eligible for a leak adjustment if the total adjustment to the billing dollar amount is greater than fifty dollars, (\$50.00). Leak adjustments shall not be available to non-residential properties. Once a leak adjustment has been applied to the members account it can not be reversed for any reason, i.e. a future leak within the 36-month period that results in a higher bill than previously adjusted by this written request. Should the member decide that they would like to withdraw their request for adjustment to their account they must do so within 5 business days of being notified of the results of the leak adjustment request. By signing below the member acknowledges that they have read, understood, and agrees to be bound by the terms and conditions of this leak adjustment policy described above and consents to Spanaway Water Company's decision regarding an adjustment to their account.

Signature: _____ Date: _____

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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) _____ **TOTAL ADJUSTED BILL**
7. Total of adjustment to account (total of original bill – adjusted bill) _____ **TOTAL TO BE ADJUSTED**

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