

CITY OF CASTLE ROCK LEAK ADJUSTMENT REQUEST FORM

ORDINANCE 2010-02

*Return Form and Supporting Documents to Castle Rock City Hall, Finance Office 141 'A' St SW or mail to: PO Box 370 Castle Rock, WA 98611

CUSTOMER NAME:	CONTACT #:
SERVICE ADDRESS:	ACCT #:
repaired. I understand that no adjust the leak no longer exists. Adjustment billing amount will be adjusted for quany amount billed over my average solimited to only two adjustments per	r my water service resulting from a malfunction and the leak has been the the shall be made until the public works department verifies that its are based on a 12-month average consumption and only the sewer qualified leaks and this adjustment will be credited to the account for sewer use, for the applicable billing period. Leak adjustments shall be service, within a 12-month period. Subsequent requests for the same place the plumbing and provide proof of the repair to the city.
	the city on; date leak repaired: oof of the leak and also of the repair:
	ctures of the repair ak and steps taken to make the repair:
	(You may continue on the back of the form if needed.)
Signed:	Date:
NO ADJUSTMENTS GIVEN FOR:	CITY USE ONLY: FINANCE STAFF SIGNATURE:
Leaky faucets, faulty plumbing fixtures, faucets or hose bibs left on, hot water heaters, faulty irrigation systems or water features (ponds, pools, fountains, etc.), neglected or failure to repair broken pipes, or leaks not repaired within	PWD REVIEW & APPROVAL TO ALLOW ADJUSTMENT PER ORDINANCE PROVISIONS: YES NO INITIAL: LEAK VERIFIED BY: REPAIR VERIFIED BY: ADJUSTMENT AMOUNT:
thirty days of notification.	COMMENTS:

If leak charges are refleced over a multi-month period, the second month may be adjusted if concurrence is obtained from the Public Works Director.