



# CITY OF MILWAUKIE

## LEAK ADJUSTMENT REQUEST FORM

Date:

<b>Customer Name:</b>	
<b>Account Number:</b>	
<b>Service Address:</b>	
<b>Phone Number:</b>	
<b>E-mail Address:</b>	

<b>Date leak was discovered:</b>	
<b>Date leak was repaired:</b>	

*Adjustments will not be provided from fifteen (15) days after the date the leak is identified, to the date that the leak is fixed by the customer if repair takes more than 15 days.*

<b>Description and location of leak:</b>

<b>How was the leak repaired?</b>

**In order to qualify for a leak adjustment you must provide documentation, such as a plumber's bill or receipt indicating that a leak did exist, the leak was sufficient in size to use an excessive amount of utility service, and that the leak has been fixed.** A customer may request an adjustment no more than one time every 12 months.

<b>Customer Signature:</b>		<b><u>Date:</u></b>
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<b>For office use only</b>			
Date:	Received by:	Reviewed by:	Approved by:

**MILWAUKIE CITY HALL**  
 10501 SE Main Street, Milwaukie, Oregon 97222  
 P) 503-786-7525 / F) 503-786-7528  
[www.milwaukieoregon.gov](http://www.milwaukieoregon.gov)