



# Philomath Water Department

PO Box 400 / 980 Applegate St Philomath OR 97370  
Phone 929-3501 / Fax 929-3044

## Leak Adjustment Request

CUSTOMER NAME (Please Print): \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

Account # \_\_\_\_\_ . \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

**LEAK LOCATION** (Please check the correct box.)

- INSIDE THE HOUSE
- IN THE GROUND, BENEATH THE HOUSE OR OUTSIDE

Please describe leak including approximate dates it was identified and fixed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Per Ordinance 13.30.130(B)(4) and/or Ordinance 13.20.040(H), I hereby request consideration for a leak adjustment from the Public Works Director.

\_\_\_\_\_  
CUSTOMER SIGNATURE

\_\_\_\_\_  
DATE

Office Use Only:

\_\_\_ Approved                      \_\_\_ Units Used - \_\_\_ Est. Actual Use = \_\_\_ Units Lost

\_\_\_ Denied

Water: \_\_\_ Units x \$5.45/unit x 50% = \$ \_\_\_\_\_ Credit

Sewer: \_\_\_ Units x \$7.00/unit x 100% = \$ \_\_\_\_\_ Credit

TOTAL ADJUSTMENT \$ \_\_\_\_\_