

**Rockwood Water P.U.D.  
503-665-4179**

**Leak Adjustment Request Form**

Customer Name: \_\_\_\_\_

Account number: \_\_\_\_\_

Service Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Date leak was discovered: \_\_\_\_\_

Date leak was repaired: \_\_\_\_\_

Return form by: \_\_\_\_\_

Description of leak:  
\_\_\_\_\_  
\_\_\_\_\_

How leak was repaired:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***PLEASE NOTE:*** Completion of this form does not guarantee an adjustment will be made to your water bill. All requests are evaluated based on your average water consumption for the billing period. ***In order to qualify for an adjustment, the leak must be repaired and copies of any invoices or receipts for repairs made along with this form must be returned to the office within 60 days of knowledge of leak.*** If the form is not received within the 60-day limit you will be responsible for the entire amount of leak consumption. Payments must still be paid by due date to avoid additional charges.

Customer Signature: \_\_\_\_\_