



REQUEST FOR UTILITY LEAK ADJUSTMENT

Mail, fax or deliver this completed form to:

City of Tukwila, Finance Department,
6200 Southcenter Boulevard, Tukwila, WA 98188
FAX: 206-433-1833 PHONE: 206-433-1849

➤ ONLY ONE LEAK ADJUSTMENT PER 36-MONTH PERIOD PER ACCOUNT ◀

CUSTOMER NAME _____ DATE _____

ADDRESS WHERE LEAK OCCURRED _____

PHONE # _____ ACCOUNT # _____

I hereby notify the City of Tukwila Finance Department that I have sustained a water leak at the above address and that it has been repaired. I am requesting an adjustment to my utility bill per City policy. I understand that signing this form does not guarantee a billing adjustment will be granted. **I am enclosing a copy of the repair bill and/or material receipts. I also understand that failure to provide receipts may result in a denial of this leak adjustment request. If approved the City will only adjust up to two billing cycles.**

THIS FORM DOES NOT RELIEVE RESPONSIBILITY OF PAYMENT
TO MAKE PAYMENT ARRANGEMENTS VISIT OUR OFFICE AND FILL OUT A
UTILITY PAYMENT ARRANGEMENT FORM.

Approximate Date Leak Noticed _____ Date Leak Repaired _____

Leak Repaired By _____

Exact Location of Leak _____

Signature of Customer _____ Date _____

FOR CITY USE ONLY

Visual Inspection Performed By _____ Date _____

Comments _____

Billing Cycles Adjusted _____ Adjust: WATER SEWER BOTH

Reviewed By _____ Date _____