



City of Gig Harbor – Utility Billing Department
3510 Grandview Street
Gig Harbor, WA 98335
Phone: (253) 851-6157 Fax: (253) 851-8563

REQUEST FOR WATER LEAK ADJUSTMENT

Customer Information

Name on Account: _____

Account Number: _____ Contact Telephone Number: _____

Service Address: _____

Mailing Address: _____

LEAK REPAIR INFORMATION

Date Leak Discovered: _____ Date Leak Repaired: _____

Description of Leak: _____

PLEASE NOTE: Completion of this form does not guarantee an adjustment. In order to receive an adjustment excessive use must be caused by broken or leaking water service pipes within or abutting the premises without the knowledge of the customer. Adjustments will be considered upon written application for one two-month billing period only during the yearly period and after repairs have been made. The basis for adjustment shall be the normal consumption under similar operating conditions.

Please return this completed form to the Utility Billing Department. **Attach copies of receipts for any materials or service related to the repair.**

I have read, understand and agree to the leak adjustment guidelines.

Date Submitted

Signature