

The City of Columbia City

PO BOX 189 - 1840 SECOND STREET
COLUMBIA CITY, OREGON 97018
(503) 397- 4010

LEAK ADJUSTMENT REQUEST FORM

TODAY'S DATE: _____ ACCOUNT NO: _____

NAME ON ACCOUNT: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

CELL PHONE NO: _____ EMAIL: _____

DATE LEAK WAS DISCOVERED: _____ DATE LEAK WAS REPAIRED: _____

DESCRIPTION OF THE LEAK (TOILET, FAUCET, UNDERGROUND, ETC.): _____

EXPLANATIONN OF HOW THE LEAK WAS REPAIRED: _____

SIGNATURE: _____

OWNER

RENTER

***Please attach or send copies of any receipts or plumbing bills related to your leak.**

The City, using past water consumption records for the account, for the same time period in previous years, shall determine the amount of usage applicable to the leak. The adjustment granted will be equal to 65% of the charges for the water usage applicable to the leak, or \$20 minimum, whichever is higher. Leaks must be repaired within a timely manner of discovery.