



CITY OF ORTING

110 TRAIN ST. SE, PO BOX 489, ORTING WA 98360  
Phone: (360)893-2219 ● FAX: (360)893-6809  
www.cityoforting.org

### UTILITY BILLING ADJUSTMENT REQUEST

Water Leak Adjustment  
Was leak repaired? Yes  No  Date: \_\_\_\_\_ Documentation? Yes  No   
(Please attach)

Penalty Removal / Processing Fee Removal

Other \_\_\_\_\_

Account #: \_\_\_\_\_ Meter #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Service Location: \_\_\_\_\_

Mailing Address (if different from service location) \_\_\_\_\_

Describe in detail the reason for the utility billing adjustment request. If water leak adjustment is requested please describe the nature & location of the leak.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Water Leak Adjustment only:**

The intent of City inspection of water leak repair(s) is to assist the utility customer in fully exploring leaks and/or other causes for excessive water usage. The City will adjust your current water billing based on the previous 12 months average usage. However, without inspection the City may not adjust any future billings.

- I have repaired the water leak, located at service address listed above, without City Inspection.
- I request inspection of repair

\_\_\_\_\_  
Signature of Owner Date

<b>FOR CITY USE ONLY</b>	
Inspected by: _____	Date: _____
Adjustment: <input type="checkbox"/> Denied <input type="checkbox"/> Forward to Clerk/Treasurer or designee for further review	
Recommendation: _____	
Adjustment Amount: _____ (Please attach adjustment worksheets)	
Approved by: _____	Date: _____
<small>Form revised 07/23/07 sjd</small>	