



CITY OF ORTING

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www.cityoforting.org

WATER LEAK ADJUSTMENT REQUEST

Account #: _____ Meter #: _____

Name: _____ Phone #: _____

Service Location: _____

Mailing Address (if different from service location) _____

Please attach documentation with this request as an incomplete request will be denied. The following criteria must be met before a water leak can be approved by the City per the Orting Municipal Code 9-1D-4:

1. Customers are entitled to one water leak adjustment per rolling 18 month period;
2. The request for adjustment must be made within 30 days of the invoice date for the bill the customer is seeking adjustment
3. The water leak must be between the customer's water meter and their residence or within their residence. Irrigation system leaks are not eligible for adjustment.
4. The water leak must exceed two times the customer's highest consumption in the previous 12 month period.
5. The customer must provide proof that the leak was repaired such as an invoice for repairs or parts or pictures.

Please provide any additional comments that you believe would be relevant to the City's evaluation of your request:

Signature of Owner

Date

FOR CITY USE ONLY

Inspected by: _____ Date: _____

Adjustment: Denied Approved

Comments: _____

Adjustment Amount: _____ (Please attach adjustment worksheets)

Approved by: _____ Date: _____