

104 BRIDGE ST S | PO BOX 489 | ORTING WA 98360 Phone: 360.893.9005 ● FAX: 360.893.6809 utilitypay@cityoforting.org | www.cityoforting.org

WATER LEAK ADJUSTMENT REQUEST

4ccoun'	ıt #:	Meter #:	
Name:		Phone #: _	
Service	Location:		
Email a	ıddress:		
must be 1. 2. 3. 4. 5.	e met before a water I Customers are entitle adjustment of \$800.0 The request for adjustment is seeking adjustment The water leak must residence. Irrigation The water leak must period. The customer must p pictures. se provide any addition	stment must be made within 30 days of the invo	Municipal Code 9-1D-4: month period with a maximum pice date for the bill the customer reir residence or within their umption in the previous 12 month as an invoice for repairs or parts or
			•
Signatu	ure of Owner	Date	
FOR CI	ITY USE ONLY		
Inspecte	.ed by:	Date:	
Adjustm	ment: Denied	□Approved	
Comme	ents:		
Adjustm	nent Amount:	(Please attach adjustment	worksheets)
Approve	red by: rised 1/19/24 JC	Date:	