



Customer Service Center  
500 N Pearl Street, Centralia, WA 98531  
Phone: (360) 330-7657 Fax: (360) 330-7593  
Email: [CSC@cityofcentralia.com](mailto:CSC@cityofcentralia.com)

## REQUEST FOR WATER LEAK ADJUSTMENT

Please deliver, mail, fax, or email this completed form to the above address, fax number, or email address.

CUSTOMER NAME: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

SERVICE ADDRESS OF LEAK: \_\_\_\_\_ PHONE: \_\_\_\_\_

APPROX. DATE LEAK FIRST NOTICED: \_\_\_\_\_ DATE LEAK REPAIRED: \_\_\_\_\_

EXACT LOCATION OF LEAK: \_\_\_\_\_

LEAK REPAIRED BY: \_\_\_\_\_

**I hereby notify the City of Centralia Customer Service Center that a water leak at the above address has been repaired. I request a billing adjustment to be made to my utility account per City Policy. I understand that by signing this form, it does not guarantee a billing adjustment will be made to my utility account.**

**THIRD LEAK ADJUSTMENT REQUEST NOTIFICATION:** Customer also acknowledges by signing that if this request is for a third leak adjustment at this service address, it may not be granted until customer's plumbing has been replaced.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### THIS SECTION TO BE COMPLETED BY CITY OF CENTRALIA STAFF

CUSTOMER SERVICE CENTER:

PREVIOUS ADJUSTMENTS: 1<sup>ST</sup> DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ 2<sup>ND</sup> DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

MONTH(S) ADJUSTED: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

INSIDE CITY LIMITS  OUTSIDE CITY LIMITS  RESIDENTIAL  MULTI-FAMILY  COMMERCIAL

CSC STAFF COMMENTS: \_\_\_\_\_

CSC STAFF SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WATER DEPARTMENT:

THIS LEAK ADJUSTMENT REQUEST REVIEWED/VERIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

ADJUSTMENT AUTHORIZED?  YES  NO NUMBER OF MONTHS AUTHORIZED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

WATER DEPARTMENT STAFF SIGNATURE: \_\_\_\_\_

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