



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 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: \_\_\_\_\_

### 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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