



King County Water District No. 90

15606 SE 128th Street
Renton, WA 98059
425-255-9600
425-277-4128 fax
info@kcwd90.com
www.kcwd90.com

Leak Adjustment Request Form

Date: _____ Account Number: _____

Name: _____

Address: _____ Phone: _____

_____ Email: _____

Please provide a brief description of where your leak was found and what was done to repair it:

(Please continue your description on back if more space is needed)

Dear KCWD 90,

I am requesting a leak adjustment for the billing period ending: _____.

I confirm that I have repaired or replaced my service line and I have enclosed copies of all related receipts for this repair. You have my permission to inspect the line to verify that repairs are complete and that my line is no longer leaking.

Thank you.

Sincerely,

Print name

Signature

- Mail a copy of the Leak Adjustment to me
- Email a copy of the Leak Adjustment to me
- Call me with the credit amount