



King County Water District #90

15606 SE 128th Street

Renton, WA 98059

425-255-9600

425-277-4128 fax

info@kcwd90.com

Leak Adjustment Request Form

Date: _____ Account Number: _____

Name: _____

Address: _____ Phone: _____

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

Yes, I would like a copy of the adjustment mailed to me.

No, please call me with the credit amount.