



Utilities – Water & Sewer
 407 Birch Ave SW, P. O. Box 810 Napavine, WA
 98565 Phone: (360) 262-3547 Fax: (360) 262-9199
 www.napavine.wa.gov

Utility Leak Adjustment Request

Customer's Name _____

Account No. _____

Service Address _____

Phone No. _____

Approximate Date Leak First Noticed _____

Exact Location of Leak at Premises _____

Leak Repaired by _____

Date Leak Repaired _____

Customer's Signature _____

Date of Request _____

I hereby notify the City of Napavine Utility Billing Department that a water leak at the above service address has been repaired. I request an adjustment be made to my billing per City policy. I understand that signing this form does not guarantee a billing adjustment will be made and that I am only permitted one leak adjustment per year.

CITY OFFICIAL USE ONLY

CURRENT BALANCE

ADJUSTMENT

NEW BILL

Current Usage _____

(_____)

Average Usage _____

Water \$ _____

\$(_____)

\$ _____

Sewer \$ _____

\$(_____)

\$ _____

Water Tax \$ _____

\$(_____)

\$ _____

Sewer Tax \$ _____

\$(_____)

\$ _____

Total Bill \$ _____

\$(_____)

\$ _____

Billing Cycle Adjusted _____

Meter Read _____

Adjustment Authorized Yes No

Public Works Signature & Date _____

Adjustment Authorized Yes No

City Clerk Signature & Date _____

Comments: _____

Employee Signature _____

Date Posted to Account _____